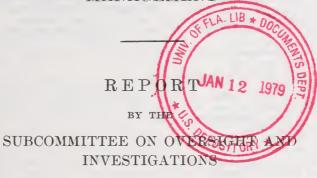
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95th Congress 2d Session

COMMITTEE PRINT

Committee Print 95-65

# INADEQUACIES OF MEDICAID MANAGEMENT



OF THE

COMMITTEE ON INTERSTATE AND
FOREIGN COMMERCE
HOUSE OF REPRESENTATIVES
NINETY-FIFTH CONGRESS
SECOND SESSION



DECEMBER 1978

U.S. GOVERNMENT PRINTING OFFICE WASHINGTON: 1978

35-786 O

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#### LETTER OF TRANSMITTAL

House of Representatives,
Subcommittee on Oversight and Investigations,
Committee on Interstate and Foreign Commerce,
Washington, D.C., December 1978.

Hon. Harley O. Staggers, Chairman, Committee on Interstate and Foreign Commerce, Washington, D.C.

Dear Mr. Chairman: The attached report of the Subcommittee on Oversight and Investigations entitled "Inadequacies of Medicaid Management" compiles and discusses the results of a questionnaire sent in 1977 to 53 Medicaid agencies concerning surgery in the Medicaid program. This is the third such questionnaire sent by the Subcommittee to State Medicaid agencies. The aggregate rate of surgery under Medicaid, though lower than before, was reported by the States to be approximately seventy percent above the rate for the population as a whole (16,349 per 100,000 eligibles for this survey, 23,100 per 100,000 eligibles in the 1976 survey, and 18,700 per 100,000 eligibles in the 1975 survey).

The first two reports stated that there were significant problems in the data submitted. Unfortunately, the situation has not improved and the Department of Health, Education, and Welfare (HEW) has not been able to determine the number of surgical procedures the Federal Government is underwriting. The Subcommittee has been trying to determine the extent of surgery in the Medicaid program. It is disappointing to learn that HEW is not able to provide elementary data indicating the costs and kinds of surgery being paid for under

Medicaid.

The responses to the Subcommittee's survey yielded six major

findings.

1. The information reported by the States was so inconsistent as to preclude any detailed analysis of surgical rates under the Medicaid program.

2. The data continue to indicate extreme differences in total surgical

rates among States.

3. The surgical procedures rates per 100,000 eligibles from the Medicaid programs reporting is still considerable above the rate for the population as a whole.

4. The States remain unable to account for the millions of dollars

spent on Medicaid surgery.

5. HEW remains irresponsible and unresponsive, having not yet

required that the States submit this data on a routine basis.

6. There is too great a division of labor and responsibility in the Medicaid program, fostering a lack of accountability.

The recommedations include the need for HEW to develop uniform categorizations for reporting surgical procedures and to require uniform reporting and accounting. The report also suggests that Congress consider legislation tying payment of Federal matching funds to accurate State reporting to insure greater accountability of both the States and health care providers.

The results of this survey raise significant questions which must be answered promptly. Why are there such exterme variations in the number of procedures reported? Are the definitions consistent? Are procedures being delineated correctly? What is the proper role of the Medicaid fiscal agents in the payment and reporting of surgical

procedures?

It is my hope that the issuance of this report illustrating major deficiencies in reporting and accountability will serve to stimulate immediate action by the appropriate agencies and serve as a vehicle for further oversight by our Committee.

Sincerely,

John E. Moss, Chairman, Subcommittee on Oversight and Investigations.

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#### INADEQUACIES OF MEDICAID MANAGEMENT

#### I. Introduction

Over the past 10 years, public expenditures for health have been growing at an average annual rate of 15.7 percent, a matter of considerable concern to Congress. During fiscal year 1977, public and private spending for health were approximately \$163 billion. This compares with \$149 billion in fiscal year 1976; \$69.2 billion in 1970; and \$42.1 billion in 1966.

This Subcommittee, beginning with the 94th Congress, has been attempting to examine the causes of the skyrocketing of health care costs, particularly as they affect the Federal budget. We have continued our investigation into the gaps and inequities present in our health care delivery system. One focal point of our inquiry into cost and quality issues has been surgery, particularly that performed under Title XIX of the Social Security Act, the Medicaid program.

This report presents a brief summary of data on surgery in the Medicaid program based on a September, 1977 survey of State Medicaid agencies and fiscal agents undertaken by the Subcommittee. It is the third such survey and report undertaken by the Subcommittee. This report will examine the inability of some States to

respond and the inconsistency of others.

The first Medicaid surgery report was presented during the Sub-committee hearing on July 18, 1975 2 and then incorporated into a more comprehensive evaluation the following January. That report showed great variation in the reporting of surgery among States and also between the rate of surgery under Medicaid and for the population as a whole. States reported the aggregate rate for surgery under Medicaid to be more than twice that of the general population. Problems in the data, particularly the inclusion of the medically needy, called into question the validity of the data as representative of the Medicaid population. It was felt by both the Subcommittee and the Department of Health, Education, and Welfare (HEW) that the inclusion of the medically needy would inflate the rate of surgery. In the second survey and subsequent report, published in July,

1977,5 the Subcommittee attempted to eliminate as many of the

large enough to pay for medical care.

5 "Background Report on Surgery in State Medicaid Programs," Staff Report of the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 95th Cong., 1st Sess., July 1977.

<sup>142</sup> USC 1396 et seq.
2 "Getting Ready for National Health Insurance: Unnecessary Surgery," Hearings Before the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 94th Cong., 1st Sess., July 15, 17, 18, and September 3, 1975, p. 282.
3 "Cost and Quality of Health Care: Unnecessary Surgery," Report by the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 94th Cong., 2d Sess., January 1976.
4 The medically needy are those persons in the same categorical group whose incomes and resources are large enough to nay for medical are

reporting problems as possible. The reporting form requested a breakdown by maintenance assistance status of the Medicaid eligibles to provide a separate identification of the medically needy. The findings in the second report echoed those of the first. The surgical procedures rate again was more than twice that for the population as a whole. However, the data maintained by the States and reported to the Subcommittee was so inconsistent compared with that reported in the previous survey, that confidence in the validity of either set of information must be minimal. Though more States were able to respond, significant gaps still existed. The variations in reported surgical rates

were so extreme as to make any conclusions tentative.

The first survey provided ample evidence to the Department of Health, Education, and Welfare of the States' poor management and lack of accountability. The Department acknowledged that they did not have accurate information on the number of surgical procedures performed under the Medicaid program, the dollars involved, or the number of eligibles. We hoped that the second survey would show significant improvement by the States and HEW in data collection and maintenance. The States and HEW unfortunately remained unresponsive to the need for accountability. When we began the third survey (September 1977) we expected to find dramatic improvements. Unfortunately, the States have basically marked time since 1975 and HEW has continued to pay out millions of dollars under Medicaid for questionable surgery which has been inadequately justified.

II. METHODOLOGY

In order to update our information on surgery supported by Medicaid, a third survey was prepared. A copy of the survey form is included as Appendix A. Like the previous survey, this one used HEW's annual statistical form requesting Medicaid information from the States. This form is included as Appendix B. Therefore, States should have been familiar with the format both through HEW and the Subcommittee's previous surveys and reports.

In addition, the reporting form requested that data be presented in the same manner as HEW's data on the Medicaid program. The form also asked for a breakout by maintenance assistance status of Medicaid eligibles (receiving a money payment; eligible for, but not receiving a money payment; and not eligible for maintenance assistance—the medically needy) and for the basis of eligibility (Aged, Blind, Disabled; Member of a Family with Dependent Children).

The Subcommittee also requested that each State review its submission from the previous year for accuracy and report any errors. Many states did not respond to this question, some stating that they had changed fiscal agents and therefore could not check the data. Some submitted corrections and others indicated that their previous submission was accurate. Those corrections, where indicated, have been made a part of the Subcommittee's permanent files.

<sup>&</sup>lt;sup>6</sup> See note 2, supra at pp. 198-199.
7 "Volume II: Quality of Surgical Care," Hearings Before the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 95th Cong., 1st Sess., October 6, 28, and November 1, 1977, pp. 227-228.
Form BRS-NCSS-2082.

#### III. SUMMARY OF FINDINGS

In September 1977, the Subcommittee on Oversight and Investigations surveyed State Medicaid agencies and their fiscal agents, if appropriate, for information on surgery performed under the Medicaid program. An evaluation of the responses to that survey yields six principal findings:

A. The information reported by the States was so inconsistent as to preclude any detailed analysis of surgical rates under the Medicaid program. The number of surgical procedures reported for the period July 1, 1976, through June 30, 1977, was at such variance with the number reported by the same States for the

previous survey as to make analysis futile.

B. The data also continue to indicate extreme differences in total surgical rates among states. Rhode Island reports a rate of 5,267 procedures per 100,000 eligibles; while New Mexico reports

84,987 per 100,000 eligibles—a 16-fold difference.

C. The surgical procedures rate per 100,000 eligibles from the Medicaid programs reporting is still considerably above the rate for the population as a whole. The rate reported for fiscal year is 16,349. The data is so haphazard that the Subcommittee cannot assess whether the decrease from 1975–1976 is due to a reduced amount of surgery or differences in reporting.

D. The States remain unable to account for the millions of taxpayer dollars being spent on Medicaid surgery and the necessity of the procedures themselves. Improvement in the number of States reporting or the quality of the data has been

essentially non-existent.

E. HEW remains irresponsible and unresponsive. Since admitting the importance of acquiring this data, they have not yet

required that the States submit it on a routine basis.

F. There is too great a division of labor and responsibility in the Medicaid program. This fosters a lack of accountability. The Federal Government helps finance and monitors the States' efforts. The States' monitor their fiscal agents, whatever State agencies are responsible for health and welfare. And, finally, the State agency often subcontracts with a private company for the actual administration of the program. Apart from but related to this chain of responsibility, the Professional Standards Review Organizations (PSROs) are supposed to determine the necessity of elective procedures. To whom they are responsible remains unclear.

#### IV. RECOMMENDATIONS

Based upon the above findings, it is recommended—

A. That the Department promptly develop uniform categori-

zations for reporting surgical procedures.

B. That the Department require uniform reporting (at least annually) of the number of procedures, information on eligibles, and the amount expended by States on surgical procedures.

C. That Congress consider legislation which would tie payment of Federal matching funds to accurate State reporting to insure the greater accountability of both the States and health care providers. An example of this type of reimbursement would be section 1903(g) of the Social Security Act. A State's payment by the Federal Government is dependent upon its completing its utilization

review responsibilities.

D. Congress should consider amending the complex and apparently unworkable managerial system currently in use under Medicaid and consider steps to simplify and streamline the chain of command and responsibility. To the extent that Medicaid is and will continue to be a building block of our Federal health care system, any administrative and managerial inadequacies must be recognized and corrected.

E. Congress should request a report by April 1979, from the Department on those States which have provided no response or an inadequate one to the Subcommittee. Emphasis should be placed on those States which have received Federal funding for a Medicaid Managements Information System (MMIS) and yet

are unable to provide usable data.

#### V. Survey Responses

Although some States provided data to the Subcommittee for the first time, others who had previously provided data did not respond this time, and some were so inconsistent as to be meaningless. Part of the problem is definitional; i.e., what constitutes a surgical procedure and who is eligible for Medicaid. The definitions of these phrases vary

among the States.

Because the States' responses varied so greatly, we will not attempt a detailed analysis of the numbers. The total procedures per 100,000 eligibles for the States will be presented in the next section. However, more important than the numbers themselves, is the inability of many States to be accurate and consistent or to report at all. The most obvious conclusion when looking at the data is that we have no idea which States are accurate and which are not or which year is accurate and which is not.

Some States which were able to provide useful data will not appear in Tables 1 or 2, the reason being that only those reporting "Total Surgical Procedures" and eligibles are included. A later section contains a list of the States and jurisdictions and whether they were

able to provide the Subcommittee with useful data.

There are 49 States and 4 jurisdictions which participate in the Medicaid program. Arizona is the only State that has elected not to participate. The participating jurisdictions are the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, bringing the total of

participants to 53.

Seventeen States and jurisdictions were unable to provide any usable data. An additional 10 States made some submission to the Subcommittee but, because of reasons explained below, the response could not be utilized. Twenty-five States were able to provide usable data but only 10 of these provided most or all of the requested information. The remainder provided only the "Total Surgical Procedures", the eligibles, or the columns labeled tonsillectomy, cholecystectomy, hysterectomy, and mastectomy.

The States and jurisdictions unable to provide enough data to be useful were:

Alahama Kansas Htah Alaska. Louisiana. West Virginia Delaware Massachusetts Wyoming Georgia Michigan Guam Idaho Montana Virgin Islands Indiana South Dakota

Kentucky, New Hampshire, North Dakota, and Oregon included units for hospitalization, assistant surgeons, and anesthesiologists in their procedure counts, thereby artificially inflating them. New Mexico provided procedures for 13 months, inflating its numbers. However, New Mexico's submission is suspect, even taking that into account, because the State reported 72.077 procedures and 84,809 eligibles, for a rate of 84,987 procedures per 100,000 eligibles. North Carolina's submission represents only approximately 65 percent of the surgical procedures because the State changed fiscal agents mid-year. Tennessee's submission represents approximately 42 percent of the procedures and Texas about 50 percent because they also changed their fiscal agents. The State of Washington's submission was not usable because the number of procedures reported equals the unduplicated count of persons receiving surgery; i.e., if one person had two types of surgery during a 12-month period, they would be counted as one procedure. Wisconsin provided only a 2-month sample which they felt represented approximately four percent of total surgery claims. We did not feel that was a sufficient representative base from which to extrapolate for a statewide total.

Sixteen States provided only partial data which were usable. This includes States that provided the Medicaid eligibles and the individual procedures with no "Total Surgical Procedures" column and States that provided the total for each column with no breakdown by maintenance assistance status. The following States provided partial but

usable data:

California Colorado Connecticut Florida. Illinois Iowa Mississippi

Missouri

Nevada. New York Ohio

Pennsylvania Rhode Island Vermont

District of Columbia

Puerto Rico

The Subcommittee would like to take note of and acknowledge ten States that were able to provide a majority, if not all, of the data requested. The following States should be studied as possible models in information collection and maintenance:

Arkansas Hawaii Maine Maryland Minnesota

Nebraska New Jersey Oklahoma South Carolina Virginia

The following sections provide the survey information on those States which reported total surgical procedures and eligibles under the Medicaid program and a comparison of the ability of States to provide usable data for the three surveys conducted by the Subcommittee.

#### VI. REPORTED SURGICAL PROCEDURES

Twenty-three States and jurisdictions reported data on the total number of surgical procedures financed under their Medicaid programs and comparable data on the eligible population, enabling calculation of a rate for procedures per 100,000 eligibles. The surgical procedures rate for these twenty-three States is 16,349 per 100,000 eligibles. This is a very slight improvement over the number reporting last year, which was 22. Fifteen States (Table 1) reported data on the total number of surgical procedures and the unduplicated yearly total

number of Medicaid eligibles.9

Table 1 reflects the vast differences in the State responses. A total of 591,628 procedures were reported, with an eligible population of 5,266,072, for an aggregate rate of 11,235 procedures per 100,000 Medicaid eligibles. The responses ranged from a low of 5,735 procedures per 100,000 eligibles from Maryland to 36,046 procedures per 100,000 eligibles from Hawaii. This is significantly different from last year's report which showed a low of 2,644 procedures per 100,000 eligibles for Florida to a high of 132,376 procedures per 100,000 eligibles for North Dakota. Though the differences among States on the current survey are not as the previous year's, what emerges is a conclusion suggesting inaccurate, inadequate, and haphazard collection and maintenance of data.

The following data summarizes the data:

TABLE 1.—TOTAL SURGICAL PROCEDURES, UNDUPLICATED YEARLY TOTAL ELIGIBLES

State	Total surgical procedures	Unduplicated yearly total eligibles	Total surgical procedures rate per 100,000 eligibles
Arkansas Connecticut Florida Hawaii lowa Maine Maryland Minnesota Mississippi Mississippi Missouri Nebraska Nebraska Nebraska South Carolina Puerto Rico	30, 591 53, 944 40, 773 35, 626 73, 473 33, 250 24, 171 20, 496 41, 591 30, 651 5, 582 4, 447 37, 119 18, 892	281, 825 241, 298 532, 350 98, 697 211, 108 122, 665 421, 502 281, 123 360, 700 509, 710 67, 203 26, 325 270, 430 318, 662 1, 522, 474	10, 855 22, 356 7, 659 36, 096 34, 804 27, 106 5, 735 7, 291 11, 531 6, 013 8, 306 16, 893 13, 726 5, 929 9, 263
Total	591, 628	5, 266, 072	11, 235

<sup>1</sup> Calendar year 1976.

An additional eight States (Table 2) reported data on surgical procedures and the average monthly number of persons eligible for

The unduplicated yearly total number of eligibles is the number of different persons eligible at some time during the year.
 See note 5, eupra at p. 4.

Medicaid, as distinguished from the unduplicated yearly total eligibles in Table 1. A total of 1,743,361 procedures were reported for an eligible population of 9,015,921, with an aggregate rate of 19,336 per 100,000 eligibles. Again, there is wide variance in procedure rates among States though, as in Table 1, not as great as last year. The surgery rates reported by the States range from a low of 5,267 procedures per 100,000 eligibles in Rhode Island to a high of 26,264 procedures per 100,000 eligibles in California—a five-fold difference. It certainly stretches one's imagination to believe that California Medicaid recipients need or even receive five times as many surgeries per eligible person as the eligible population of Rhode Island.

We have omitted New Mexico from this table because of the apparent unreliability of this year's data. New Mexico reported data for thirteen months which, however, does not explain their submission of 72,077 procedures and an eligible population of 84,809 for a rate of 84,987 procedures per 100,000 eligibles. This does not seem reasonable, particularly in light of the State's submission last year which showed 16,004 procedures and an eligible population of 119,868 for a rate of 13,351 procedures per 100,000 eligibles. 11 Though we have omitted New Mexico from Table 2, we mention it now as an example of the variation from year to year and the obvious unreliability of States' reporting mechanisms.

The following table summarizes the response of States reporting

data on the average monthly number of eligibles.

TABLE 2.—TOTAL SURGICAL PROCEDURES, AVERAGE MONTHLY NUMBER OF FLIGIBLES.

State	Total surgical procedures	Average monthly number of eligibles	Total surgical procedures per 100,000 average monthly eligibles
California Illinois <sup>1</sup> New Jersey <sup>2</sup> New York Ohio. Pennsylvania Rhode Island Virginia	766, 896 257, 581 141, 093 271, 435 105, 932 164, 513 4, 788 31, 123	2, 920, 000 1, 013, 716 624, 880 2, 229, 810 729, 678 1, 120, 601 90, 900 286, 336	26, 264 25, 410 22, 579 12, 173 14, 518 14, 681 5, 267 10, 869
Total Average	1, 743, 361	9, 015, 921	<sup>3</sup> 19, 336

<sup>1</sup> Calendar year 1976,
<sup>2</sup> Data provided by Prudential through both New Jersey's fiscal agents (Prudential and Blue Cross) provided the requested information.
<sup>3</sup> New Mexico, whose data seems out of line, was omitted from this table. If included, the rate would jump to 19,948 procedures per 100,000 eligibles.

This year the Subcommittee has not done a more detailed analysis because of the unreliability of the States' responses to the survey. These responses may be found, however, as Appendix C.

#### VII. COMPARABILITY OF DATA

The following table shows the differing abilities of States to provide data in response to the Subcommittee's survey. More importantly, it demonstrates the varying capability of the same State to provide the requested data from one year to the next.

In 1975, 26 States were able to provide the Subcommittee with usable data. In 1976, that number increased to 29. Many were, however, different States. Six States which provided data in 1975 were unable to provide data in 1976. It is interesting that nine additional States were then able to provide data in 1976, a gain in overall terms of three. In 1977, the number of States providing usable data was back down to 26. Thirteen States that provided data in 1976 were unable to provide data in 1977 and 10 new States submitted usable data, a net loss of three. In three years, States' capabilities to collect and maintain data on Medicaid surgery and the eligible population has been basically static in spite of the publicity generated by the surgery issue. This disparity between States from year to year is evidence that uniform reporting and accounting for procedures performed under Medicaid must be required. At the same time, current reporting could be condensed and streamlined in order to reduce the administrative burden on the States.

Note should be taken of those States which have been able to report all 3 years and those which have never submitted usable data. The following 12 States have submitted usable data in response to all three surveys conducted by the Subcommittee. They are to be

commended.

Arkansas California Hawaii Maryland Mississippi Missouri Nebraska Nevada New York Oklahoma Pennsylvania Virginia

New Mexico might be provisionally included in this list as their submission has almost all data requested. It is the accuracy of the

data which is in doubt.

The following 12 States and jurisdictions have never provided the Subcommittee with usable data on surgery in the Medicaid program. We recognize that there may be valid reasons for this inability by some, such as South Dakota which processes claims manually and for whom responding to this survey would disrupt the entire office. It would, however, not be a valid or necessary explanation if this type of information were required routinely.

Delaware Georgia Idaho Indiana Massachusetts South Dakota Tennessee 12 Utah Washington West Virginia Wyoming Guam

We find the inability of these States to provide this data appalling. We believe the Governors of these jurisdictions should be requested to provide an explanation of these inadequacies. Further, we will request the Inspector General to investigate these state programs. It would appear that an audit of the payments for surgery in these states is in order.

<sup>&</sup>lt;sup>12</sup> Tennessee's fiscal agent did provide data in response to the September 1977 survey. It represented only 42 percent of the procedures, an inadequate portion to utilize.

TABLE 3.—COMPARISON FOR 1975, 1976, AND 1977 OF STATES' ABILITY TO PROVIDE USABLE DATA 1

State	1975	1976	1977
labama	Yes	Yes	No.
laska		Yes	No.
rizona		(2)	(2),
kansas		Yes	Yes.
lifornia		Yes	Yes.
lorado		No	Yes.
nnecticut		No	Yes.
laware		No	No 3.
orida		Yes	Yes.
orgia		No	No.
waii	Yes	Yes	Yes.
iho	No	No	No.
nois	No	Yes	Yes.4
liana		No	No.
/a		No	Yes.
nsas		Yes	No.
		Yes	
ntucky			No.5
uisianauisiana		No	
ine		No	Yes.
ryland		Yes	Yes.
ssachusetts		No	No.
chigan	No	Yes	
nnesota		No	Yes.
ssissippi		Yes	Yes.
ssouri			Yes.
ontana		Yes	165.
braska		Yes	Yes,
vada		Yes	Yes.4
w Hampshire	Yes Yes		No.5
w Jersey	Yes Yes	No	Yes.
w Mexico	Yes	Yes	No.6
w York	Yes	Yes	Yes.
rth Carolina		Yes	No.7
rth Dakota		Yes	No.5
io		No	
lahoma			
egon			No.5
nnsylvania		Yes	Yes.
ode Island		No	Yes.
uth Carolina			Yes.
uth Dakota		No	No.
nnessee		No	No.8
xas		Yes	No.º
h			
mont		No	Yes.10
ginia			Yes.
shington			
st Virginia		No	
sconsin			No.12
oming	No	No	
strict of Columbia	No		Yes.13
am		No	No.
erto Rico		No	Yes.
gin Islands		Yes	No.
KIII ISIAIIUS		162	IVU.

7 Data provided represents approximately 65 percent of claims.
 8 Data provided represents approximately 42 percent of claims.
 9 Data provided represents approximately 50 percent of claims.

10 Data provided for calendar year 1977.

11 Procedures not usable because number of procedures equals unduplicated count of persons receiving surgery; i.e., if 1 person had 2 types of surgery during a 12-mo period, they would be counted as 1 procedure.

Provided only 2-mo sample.

Bata provided for fiscal year 1976.

This comparison leads us to believe that little reliance may be placed upon the accuracy of the 1975, 1976, and 1977 data. In July of 1977, the Subcommittee staff made that statement, excepting States with only small changes in the rate of procedures per 100,000 eligibles. 13 Last year, the staff used Nebraska and New Mexico because they

<sup>1</sup> Usable data is defined as providing at least minimal information on both eligibles and procedures.
2 Arizona does not participate in the medicaid program.
3 Delaware's fiscal agent Blue Shield had the capability to provide the data requested but could not do so without State approval. While the State was delaying its response to the subcommittee, they changed fiscal agents. The new fiscal agent is, of course, unable to provide data prior to the beginning of this contract.
4 Data provided is for calendar year 1976.
5 Unable to use procedure data because numbers include units for hospitalization and anesthesia.
6 Data provided for 13 mo.

<sup>13</sup> See note 5, supra at p. 11.

had a 5-percent increase and 4-percent decrease respectively. This, of course, no longer holds true even for these States. Nebraska has had more than a 50-percent decrease from 1976 to 1977 and New Mexico, if the State's submission is to be believed, has had a 500percent increase 14

VIII. CONCLUSIONS

In July 1975, January 1976, and July 1977, the Subcommittee published reports which found that, "despite the size and importance of the program, HEW administers Medicaid with very serious gaps in information." <sup>15</sup> The conclusions reached by the Subcommittee in this report are, unfortunately, no different. HEW should have emphasized the importance of States' being able to provide accurate information on surgery, eligibles, and dollars.

Three years ago, the Subcommittee found that the 'lack of accountability on the part of HEW highly distressing." 16 There is still no way for HEW to tell us how many persons are eligible for Medicaid, the dollars expended for surgery under this program, or to determine the quality of care given to Medicaid recipients in spite of the fact that

such care is being supported by taxpayer dollars.

The total blame does not rest with HEW. It is obvious that some States are better able to report than others and that they routinely maintain better data. Though we cannot attest to the accuracy of the data reported to the Subcommittee, the States which have been able to submit complete data for 3 years would certainly seem to be more interested in and more accountable for their Medicaid programs than those States unable to respond.

Though we do not appreciate having to be repetitive, the following conclusions and recommendations have been stated by the Subcommittee before. However, we will repeat again as they undoubtedly

remain true today.

A. This survey found that significant gaps and problems still exist in the collection and maintenance of data by the States.

Therefore, it is recommended that:

1. The Department develop uniform definitions for surgical procedures.

2. The Department require at least annual submissions of

surgical procedures, eligibles, and dollars by the States.

3. The Department ascertain why States receiving millions of Federal dollars cannot provide data indicating the surgical procedures paid for with governmental money.

4. The Department study those States which are apparently able to provide reasonable data to determine whether they have

systems which can be adapted for other States.

5. The Department study and report on those States which were unable to respond to the Subcommittee's survey by April 1979, submitting at that time an explanation and possible solution for each State.

B. The lack of accountability could be ameliorated by instituting uniform accounting and reporting of surgical data. Uniform standards are essential for the development of meaningful, comparable data.

This was arrived at by substracting one-thirteenth or "one month's" procedures from New Mexico's submitted figure.
 See note 5, supra at p. 12.
 See note 3, supra at p. 39.

It is recommended that Congress consider legislation which will provide for accurate and comparable data from States, possibly tying it to funds the States receive through FFP (Federal Financial Participation).

C. The States are not able to provide uniform information concerning eligibles to provide an accurate denominator necessary for any

analysis.

The Department should require eligibility reporting by maintenance

assistance status and by basis of eligibility.

D. There are extreme differences among States and from the same States from year to year with respect to rates of surgical procedures performed under the Medicaid program.

If possible, at this time, the Department should determine the true variations of surgical procedures and how much of this variation is due

to errors in reporting.

By the numbers reported, the overall rate of surgery in the Medicaid program is still seventy percent above that of the general population. Though we cannot ascertain the accuracy of that data, we must again reach the tentative conclusion that Medicaid surgery is significantly higher than the national average.



#### APPENDIX A

NINETY-FIFTH CONGRESS

JOHN E. MORR CALIF CHAIRMAN

JOHN E. MOSS, C THOMAS A. LUKEN, 0440 DOUG WALDERS, PA. LESET OONE, JR., TOPH. DAMES B. SCHRUER, KY. TERMY A. WALDAY, CALIF. WITHOMY TOPY MOPPETT, CORE, MODERY MASSINE, N.J. POSERY (SOS) KRUEER, YEL, MARLEY, C. STAGERS, W. V. JF., CHAIRMAN
JAMES M. COLLINI, .....
NORMAN F. LEWF, K.Y.
MATTHEW J. PHALDO, N.J.
DAYE STOCKMAN, MICH,
MARC L. MARKS, PA.
SAMUEL L. DEVINE, 0460
(EX OFFICIO)

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
OF THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE
WASHINGTON, D.C. 20515

Proon 2023 APRIME House Office Building Prome (202) 227-4441

MICHAEL R. LEDNOV

JAMES HELLIGAN PERATIONS DIRECTOR

A THOMAS GREENE COMMENT TO THE CHARMAN

September 29, 1977

Administrator or Fiscal Agent of the State Medicaid Program (53 Jurisdictions)

Dear Sir:

As part of its continuing investigation into cost and quality aspects of health care, specifically in the Medicaid program, the Subcommittee on Oversight and Investigations is interested in obtaining data from Medicaid fiscal agents on surgical procedures paid for by you under your contract with the State.

For your convenience, we are providing you with copies of what the State submitted, if anything, in response to the Subcommittee's past two surveys. We are particularly interested in any differences or discrepancies you may find in the previous two surveys.

The Subcommittee would appreciate your completing the attached form for the period July 1, 1976 through June 30, 1977. For column 5, labeled "Total Surgical Procedures", please see the attached ICDA list, e.g., please count as one, a procedure—such as a tonsillectomy—even if separate bills are paid to a surgeon, anesthesiologist, hospital, etc. The "Total Procedures" figure should include all procedures listed by the ICDA. Please verify that your listing includes all of these procedures or note any deviations or additions.

Page Two

We will appreciate receiving your response no later than October 31, 1977. If you have any questions, please contact Ms. Kitty Meyers of the Subcommittee staff.

Thank you for your cooperation.

JOHN E. MOSS Chairman

Subcommittee on Oversight and Investigations

JEM:kma Enclosure

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\* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.

Surgical class, operation, and ICDA Codes	Estimated Number of all listed operations in Thousands, 1975
All operations $\frac{2}{2}$	20,040
Neurosurgery	. 348
Opthalmology	758 333
Otorhinolaryngology 16-21 Myringotomy 17.0 Tonsillectomy with or without	1,742
adenoidectomy	685
Operations on thyroid, parathyroid, thymus and adrenals	101 81
Vascular and cardiac surgery 24-30 Excision and ligation of	888
varicose veins 24.4	95
Thoracic surgery	271
Abdominal surgery	2,894 549 319 442
Proctological surgery 50-52 Local excision and destruction of	575
lesion of rectum and anus 50.2,51.2 Hemorrhoidectomy 51.3	139 201
Urological surgery	1,575 250 266

Department of Health, Education and Welfare. National Center for Health Statistics. Vital and Health Statistics. "Utilization of Short-Stay Hospitals: Annual Summary for the United States, 1975." Series 13-No. 31. April, 1977. p.54.

<sup>2/</sup> Includes operations not listed in table.

Surgical class, operation,	Estimated Number of all listed Corretions in Thousands 1975
Breast surgery	417 340
Cynecological surgery 67-72	3,893
Oophorectomy; salpingo- oophorectomy	. 471
tubes (bilateral)	368 725
diagnostic	977
Obstetrical procedures 4/	1,254 328
or abortion	291 227
Orthopedic surgery 80-90 Excision of bone partial	2,598 162
without fixation 82.0 Reduction of fracture with	308 -
fixation	298
(prolapsed disk)	149
fascia, and bursa	360
Plastic surgery	1,038
Oral and maxillofacial surgery	183
Dental surgery 99	389
Biopsy Al-A2	1,107

<sup>4/</sup> Excludes certain obstetrical procedures for inducing or assisting delivery (ICDA codes 75.0-75.6 and 75.9).

Form SRS-NCSS-2082
Department of Health, Education, and Welfare
Social and Rehabilitation Service
National Center for Social Statistics

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Form Approved OMB. No. 83-R020f

#### APPENDIX B

Fiscal year ended June 30, 19 Signature of person reporting Submittal date Title Tabulation of total data for some sections and sample data for others: Agency . Tabulation of total data for all section's Sections based on sample Sampling information (Complete applicable items): Sample data for all sections Case number endings: Endings used Systematic sample Other (Describe)\_ Theoretical sample percent\_ Sample inflation factor Sampling method used: Total persons in sample Report based on: Sample data: State

Form SRS-NCSS-2082-A(1) Page 1 of 15

Section A(1). Recipients of medical care by maintenance assistance status and basis of eligibility, and by type of medical service STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Dental . (8) Physicians\* services Fiscal year 19 2 Intermediate care facility services in institutions All (61 For mentally retarded (2) Skilled nursing facility services (4) In mental hospital Inpatient hospital services (31 In general hospital (21 Juplicated total Ξ c. Permanent and total disability ..... 1. Age 65 or over g. Blindness h. Permanent and total disability ..... b. Blindness a. Age 65 and over ..... b. Blindness c. Permanent and total disability ..... Agency 18un of items 2-4] ..... a. Age 65 or over ...... b. Blindness c. Adults in families with dependent children Eligible for medical assistance only after spenda. Age 65 and over ..... c. Permanent and total disability ..... e. Adults in families with dependent children d. Dependent children under 21 e. Adults in families with dependent children 3. Financially eligible for maintenance assistance. Automatically eligible for medical assistance ing excess income on medical expenses: but did NOT receive money payments: 4. NOT eligible for maintenance assistance: 1. Total number of medical care recipients d. Dependent children under 21 d. Dependent children under 21 of recipient and basis of eligibility Maintenance assistance status for medical care 2. Received money payments: f. All other: Siste

Form SRS-NCSS-2082-A(2) Page 2 of 15

Section A(2). Recipients of medical care by maintenance assistance status and basis of eligibility, and by type of medical service -- (Cont'd) STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Julier (16) Fiscal year 19 Family planning services (12) Prescribed (14) Home health (13) radiological -aboratory services pue (11) Clinic (11) Outpatient hospital services (10) Other practitioners' services (6) e. Adults in families with dependent children a. Age 65 or over c. Permanent and total disability e. Adults in families with dependent children g. Blindness a. Age 65 and over ..... b. Blindness c. Permanent and total disability ...... d. Dependent children under 21 a. Age 65 and over ...... b. Blindness . c. Permanent and total disability ...... e. Adults in families with dependent children b. Blindness Eligible for medical assistance only after spend-Agency h. Permanent and total disability ..... (Sum of items 2-4) ..... Automatically eligible for medical assistance f. Age 65 or over ...... 3. Financially eligible for maintenance assistance ing excess Income on medical expenses: but did NOT receive money payments: 1. Total number of medical care recipients 4. NOT eligible for maintenance assistance: d. Dependent children under 21 d. Dependent children under 21 of recipient and basis of eligibility Maintenance assistance status for medical care 2. Received money payments: f. All other: S13 %

Form SRS-NCSS-2082-B(1) Page 3 of 15

Section B(1). Amounts of medical vendor payments by maintenance assistance status and basis of eligibility of recipient, and by type of medical service

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Form SRS-NCSS-2082-B(2)

Page 4 of 15

4 of 15
Station B(2). Amounts of medical vendor payments by maintenance assistance status and basis of eligibility of recipient, and by type of medical service—contributed

State					Fiscal year 19	ar 19
Maintenance assistance status of recipient and basis of eligibility for medical care	Physicians' services	Dental *	Other practitioners' services	Ourpatient hospital services	Clinic services	Laboratory and rudiological services
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4. NOT eligible for maintenance assistance:						
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d. Dependent children under 21						
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Form SRS-NCSS-2082-B(3)

Page 5 of 15

Section B(3). Amounts of medical vendor payments by maintenance assistance status and basis of eligibility of recipient, and by type of medical service-continued STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Maintenanea assistance status of recipient and basis of elgibility for medical cara	Home health services	Prescribed	Family planning services	Other	
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f. Age 65 or over					
h. Permanent and total disability					
Financially eligible for maintenance assistance but did NOT receive money payments:	:				
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b. Blindness c. Permanent and total disability					
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#### APPENDIX C

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#### STATE OF ARKANSAS

David Pryor, Governor

## DEPARTMENT OF HUMAN SERVICES,

David B. Ray, Jr., Director

DIVISION OF SOCIAL SERVICES Doyle O. Yarborough, Commissioner

Mailing Address: P.O. Box 1437 Little Rock, Arkansas 72203 (501) 371-2521

June 13, 1978

Central Office Location: 7th and Gaines Streets Little Rock, Arkansas

The Honorable John E. Moss Chairman Oversight and Investigations Subcommittee Room 2323 Rayburn House Office Building Washington, D. C. 20515

Dear Congressman Moss:

In reply to your request of May 12, 1978, we are enclosing the completed questionnaire regarding data from the Arkansas Medicaid Program on surgical procedures as you requested.

The count of "Total Surgical Procedures" is actually a count of occurrences of billings for a specified procedure by the primary surgeon. (This would also be a true statement for the previous reports submitted to your committee.)

The "Total Procedures" figures in our report include all codes in the CPT- 3 Surgical range: 10000 through 69999.

The Number of Eligibles represents the number of users. Our reports were not adapted for reporting by female; therefore, this is an estimated figure.

Should you need additional information, please advise.

Sincerely,

allow Blow Be Allan B. Cooper, Director Office of Medical Services

ABC:bdg Files

Ms. Sharon Marcum, Adm., Med. Assist.

**Enclosures** 

Aging Services Alcohol & Drug Abuse Prevention Services Developmental Disabilities Services

Mental Health Services Rehabilitation Services

Social Services Youth Services

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This Department Is Committed to the Nun-Discinninatory Delivery of Services and to Affirmative Action Equal Opportunity Employment

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#### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

HEALTH CARE FINANCING ADMINISTRATION

WASHINGTON, D.C. 20201

APR + 4 1978

The Honorable John E. Moss Chairman Subcommittee on Oversight and Investigations Committee on Interstate and Foreign Commerce U.S. House of Representatives Washington, D.C. 20515

Dear Mr. Moss:

Secretary Califano wrote to you on March 13 indicating that we would contact the California Medicaid program to obtain its cooperation in responding to your request for information on surgical procedures. We have learned that the Medi-Cal Intermediary Operations provided a response on November 8, 1977.

Since the Medi-Cal response was apparently lost in the mail, I have enclosed a copy for you. Although Medi-Cal cannot provide an unduplicated yearly total of eligibles, the monthly total for September 1977 was 2.92 million, of whom 1.77 million were female.

Sincerely yours,

Paul R. Willging, Acting Director Medicaid Bureau

Enclosure

November 8, 1977

Mr. John E. Moss, Chairman
Congress of the United States
House of Representatives
Subcommittee on Oversight and Investigations
of the Committee on Interstate and Poreign Cormerce
Washington, D.C. 20515

Subject: Medicaid Payments for Surgical Procedures in California

Dear Mr. Moss:

This letter will respond on behalf of Blue Cross of Southern California, Blue Cross of Northern California, and Blue Shield of California to your separate request to each plan for data on surgical procedures paid for the period July 1, 1976 through June 30, 1977. These three plans, under the name Medi-Cal Intermediary Operations, jointly administer the Medi-Cal (Medicaid) Program in California.

We can provide you with information concerning payments made for total surgical procedures, tonsillectomies, hysterectomies, cholecystectomies, and mastectomies. The attached chart has been completed accordingly. The "number of procedures" columns show services of the principal sungeon only so that no surgery would be counted twice. (We frequently get separate claims from both the assistant surgeon and the anesthesiologist.) The "total payments" listing, however, includes the principal surgeon, assistant surgeon and any anesthesia fees.

Because Medi-Cal Intermediary Operations as the fiscal intermediary for the Medi-Cal Program does not have an eligibility system and related access to beneficiary data, we are unable to provide the information on number of eligibles that you have requested. This portion of your request should be directed to Jay A. Gould, Chief; Fiscal Intermediary Section; Department of Health; 714 "P" Street; Sacramento, California 95814.

Mr. John E. Moss, Chairman November 8, 1977 Page -2-

We trust this information will be useful to you in your continuing review of the Medicaid program. If we can provide any additional assistance, please do not hesitate to call on us.

Sincerely,

Linda F. Holsonback Manager MIO Liaison Activity

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cc: J. Gould
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e. Adults in femilies with dependent children.	460.	613,525.00	180	273,037.82	7	4,636.40	6	15,782.85
Eligible for medical assistance only after spending the excess income on medical expenses								
( Arr 65 or over	0	0.00	0	0.00	0	00.00	0	00.00
100 policies 0	0	00.0	0	00.0	0	00.0	0	0.00
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c. Permanent and total disability	1.3	19,236.26	. 17	35,636.76	2	2,583.61	1	2,113.85
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c. Adults In families with dependent children	. 7	5,338.02	0	00.00	0 :	0.00	0	0.00
4. NOT eligible for maintenance assistance:							::	
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c. Permanent and total disability	80	11,837.86	6	18,866.46	1.	1,291.80	1 .	2,113.85
d. Depandent children under 21	1	1,017.18	1.	1,479.73	0	0.00	0	0.00
c. Adults in families with dependent children	. 26	34,677.50	7.	10,618.13	1	1,159.09	1	1,753.64
f. All other:						-		
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(2) Age 21-64			-				-	
		-		-				

\* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.



## STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

110 BARTHOLOMEW AVENUE HARTFORD, CONNECTICUT 06115

SUE COMMITTEE UN SVERSICHT & HIVESTIBATIONS December 29, 1977

John E. Moss. Chairman Subcommittee on Oversight and Investigations Room 2323 Rayburn House Office Building Washington, D.C. 20515

Dear Mr. Moss:

In your letter of September 30, 1977 you requested information about surgical procedures and costs paid for by Medicaid during Fiscal 1977 and the number of persons eligible for Medicaid by program during the same period. Although we were unable to provide this material along with the other items requested, a new computer program allows us to respond at this time. Please note that any new computer program, though carefully tested, may contain minor errors.

Surgical procedures in fiscal 1977 were as follows:

FISCAL YEAR 1977	AMOUNT	COUNT
Tonsillectomy (02992 - Under 18)	58,500.96	786
(02993 - Over 18)	26,340.60	267
Hysterectomy (04614)	105,809.91	358
(04618)	550.00	2
(04631)	12,300.00	41
(04620 - Radical)	2,500.00	5
Cholecystectomy(03515)	64,175.00	217
Mastectomies (00457 - Complete)	4,545.00	36
(00458 - Bilateral)	1,125.00	5
(00470 - Radical)	8,050.00	23
Totals of all Surgical Procedures for Fiscal 1977	4,040,038.61	53,944

The following figures apply to persons who were eligible for even a single day during the period July 1, 1976-June 30, 1977. The division of medical eligibility into two groups, automatic eligibility because of receipt of maintenance payments and eligibility for medical care only, is on the basis of the last program under which the client was eligible during the subject year.

(Continued)

Total eligibles

211,298

Total eligible automatically because of receipt of maintenance payments, by program:

Aged	5,036
Blind	122
Disabled	7,542
AFDC client under 21	126,000
AFDC client over 21	1,8,622
Other under 21	0
Other over 21	11
Sub-total automatic eligibles	187,333

Total eligible for medical payments only, by categorical relationship:

Aged	21,104
Blind	151
Disabled	12,970
AFDC under 21	14,782
AFDC over 21	4,168
Other under 21	751
Other over 21	39
Sub-total medical only eligibles	53,965

Note that this total figure does not include Child Welfare recipients, the "Other over 21" categories may be the result of keypunch errors, and that the AFDC medical payments only section includes persons under 21 not categorically related to AFDC. I trust this is sufficient to answer your requirements: if there are any further questions or comments, please write or call at (203) 566-2hhh.

Sincerely,

Patricia Day, Chief Research and Statistics

PD/m/sdb



RECEIVED

421-6139

WILMINGTON, DELAWARE 19899

PHONE (302)

October 5, 1978

Honorable John E. Moss, Chairman Subcommittee on Oversight and Investigations Washington, D. C. 20515

Dear Representative Moss:

As it do Ms. Meyers of the Subcommittee staff, we regret the State of Delis unable to provide the figures which you requested. Our former fit the control of Delaware, did not maintain records in a manner that would enable us to retrieve the requested information. However, effective July 1, 1978, we have a new fiscal agent to do our Medicaid processing, and we are certain that the information necessary to complete your questionnaire will be available in a format that will be acceptable to your Committee.

Unfortunately the new fiscal agent has been processing claims for only three months, which does not satisfy your specified reporting period. We hope to be able to be of more assistance to your committee in the future.

Very truly yours, Auchaed J. Chevin

Richard J. Cherrin, Administrator Medical Services

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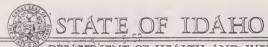
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\* Indicate whither surgeons fees, anesthesta fees, hospitalization costs or the sum of all 3.



DEPARTMENT OF HEALTH AND WELFARE

Statehouse Boise, ID 83720

October 24, 1977

The Honorable John E. Moss Chairman Subcommittee on Oversight and Investigations United States House of Representatives Washington, D.C.

Dear Representative Moss:

Mr. Klein has referred your recent request for data concerning reimbursement for surgical procedures by the Medicaid Program to this office for reply.

The current data handling method of the Idaho Medicaid Program will not supply the information you are requesting at this time. However, the Medicaid Program is in the process of implementing a Medicaid Management Information System that will supply this information in the future.

During fiscal year 1977, the Idaho Medicaid Program provided reimbursement of \$1,187,256 for 7,850 surgical procedures. This included both assistant surgeons fees and fees for anesthesia.

Sincerely,

James C. Wilson, Administrator Division of Welfare

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a Indicate whether surgeons; fees, anesthesta fees, hospitalization costs or the sum of all 3.



# Blue Cross.

1133 TOPEKA AVENUE, TOPEKA, KANSAS 66601 .

913/232-1000



of Kansas

November 1, 1977

Congress of The United States
House of Representatives
Subcommittee on Oversight and Investigations
of the
Committee on Interstate and Foreign Commerce
Washington, D.C. 20515

Attention: Ms. Kitty Meyers

Dear Ms. Meyers:

This is in response to Congressman Moss' September 29th letter concerning validation of Medicaid data previously submitted by our State Agency.

With respect to the information furnished you by Mr. Duane Köll on July 3, 1975 (attached) we agree with all of the data forwarded except the total of all surgical procedures. This was originally stated as 33,126 procedures. Our re-review of this report indicates that the correct figure should be 24,182 procedures. This correction is the result of an error in the original report we made to Mr. Koll in 1975 because of erroneous coding of multiple surgery procedures.

In answer to your request for July 1, 1976 through June 30, 1977 data, I regret that we cannot furnish any information related to ICDA coding as our surgical history files do not incorporate ICDA codes. We can however provide you with current information concerning those procedures submitted by Mr. Koll in 1975. (see attached)

I hope this will help you. Please let us know if we may be of further assistance.

Sincerely,

Bruce A. Adair Vice President

Government Programs

time a led-

BAA/ds

cc: Duane Koll

Kansas State Department of Social and Rehabilitation Services

6 Registered Marks Blue Cross Association (Blue Shield Plans

Surgical Services incurred in the 12 months ending June 30, 1977 based on Title XIX physician's claims paid by September 30, 1977 (represents an estimate of 99% of total incurred).\*

	Surgical Procedures	Total Charges	Allowed Charces
All Surgery	27,447	\$ 4,910,239	\$ 3,580,345
All Ass't Surgery	4,412	375,519	243,782
T & A's (all ages) Surgery Ass't Surgery	1,233	199,556	155,854 67
Hysterectomy Surgery Ass' Surgery	527 310	296,937 47,041	235,904 32,626
Cholecy tectomy Surgery Assit Surgery	392 189	185,784 26,889	144,194 15,791

<sup>\*</sup>Does not include those Categories of Public Assistance involving Supplemental insurance to Medicare (SSI and OA). Specifically, categories 11, 12, 14, and 82.

MR/rp Professional Records October 20, 1977

### KENTUCKY MEDICAL ASSISTANCE PROGRAM

### Physician Inpatient Reimbursement Change Fiscal Year 1975-76

Effective January 1, 1975, the Kentucky Medical Assistance Program began a conversion of its physician in-hospital payment mechanism. In lieu of the existing flat-rate schedule, physicians were to be reimbursed at a level of 62% of the usual, customary and reasonable allowable fee. Physician in-hospital fee profiles were established, using profile data from the Medicare Part B Title XVIII carrier in Kentucky and Medicaid billing information as a base. Payments for out-of-hospital services continued to be made at a rate of 100% of the usual and customary fee. Payment under the new system was actually implemented during July, 1975. Physicians were to begin itemizing on the billing form all inpatient services for which there normally would be a charge. The Program adopted the New York Relative Value Scale as a source for the procedural coding necessary on the billing form.

A further revision of the payment system, effective January 1, 1976, reduced the possibility that physicians would receive less than under the flat-fee system. According to the newly revised system, physicians were to be reimbursed at a rate of 100% for the first \$50.00 of an allowed charge, on a procedure by procedure basis, with the remaining amounts to be paid at a rate of 62% of the usual and customary allowable fee.

The total number of in-hospital surgeries performed by physicians during fiscal year 1975-76 was 21,184 at a cost of \$1,354,733.37.

There were 37,912 surgical procedures performed by physicians in hospitals totalling \$3,496,597.08 during fiscal year 1976-77.

Fiscal Wednesd 9762770 remains an enterest and	Chologystectomics Mastectomics (901ty)  Actor of "Sout * Partial Total * NAOCAL 1877L #  Preseduce: Payrants Research PAyrichts MARCHE PAyrichts	(3) (4) (5) (5) (6) (6) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	The unduplicated yearly total number of eligibles and information on questions 2 through 4 concerning the maintenance assistance status of recipients and basis of eligibility for medical care is not available at this time.	The procedures and payments for these surgical procedures includes hospitali- zation costs and anesthesia supply fees.	The ICDA codes used to designate the requested surgical procedures are as follows:	SURGICAL ICDA CODE(s)	21.1, 21.2 43.5 69.1, 69.2, 69.3, 69.4, 69.7, and 69.8 65.2, 65.3, and 65.4 65.5, 65.6		
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ALEXANDER E. SHARP

# The Commonwealth of Massachusetts Department of Public Welfare 600 Washington Street, Boston 12111

August 8, 1978

Ms Kitty Meyers Administrative Assistant Subcommittee on Oversight and Investigations House of Representatives Washington, D.C., 20515

Dear Ms. Meyers:

Enclosed is the information on numbers of eligibles promised in my letter of June 12 (copy also enclosed).

Please note the following:

- the figures for "Received Money Payments", category # 2, can be broken out only to the level shown. Sub categories a. and b. are combined, as are d. and e.;
- "spend down" aligibles are included in category # 3;
- 3. in category # 3, only sub-categories a. and b. need be combined and are;
- 4. Category # 4 includes only recipients in the Massachusetts General Relief program, a program for which no FFP is received by the State and technically not included in the Title XIX program; and,
- 5. the second figure in each column, those in parenthesis, are the totals with the figures from category # 4 excluded.

As I mentioned in my first letter, statistics from the five Massachusetts PSROs are needed before the requested information on surgery rates can be supplied - we have not yet received any.

I hope this information is useful. Please contact me with any questions.

Sincerely,

William F. Decker Assistant Director,

Acut Care

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Total Surgical	Number of Procedures	(5)		20.496	17.288	19	43	1,247	7,420	8,559						_	000	3,208	6	528	141	205		1,647		i			
T T	Average Monthly Number	(4)		128.709	97.088	6,692	196	6,165	3,099	80,936							21 621	14,262	64	6,374	380	1,409		0 133	20116		Ī		
ligibles	Average Mor	(3)		221,160	162,847	10,794	374	11,984	4,370	135,325							50 313	24,973	216	11,997	559	2,690		17,738	200				
Number of Eligibles	Unduplicated yearly total	(2)		175,356	133,591	8,147	210	1,669	4,340	113,225							42 265	17,787	149	7,851	1,005	3,685		11,788					
	Unduplicate	(1)		281,123	214,011	12,277	394	13,642	188'C	181,817							67.112	27,698	318	13,255	T, 304	6,093		18.164					-
	Maintenance assistance status of recipient and basis of eligibility	for medical care	F		Receiv				d. Dependent Children under Zi	9:	f. Age 65 or over	g. bilindness	Financially eligible for maintenance assis- tance but did not receive money payments:	a. Age 65 or over	b. Blindness	e. Adults in families with dependent	NOT aligible for maintenance aggistance:	a. Age 65 or over		c. Permanent and total disability	a. Dependent Children under Zi		f. All other:	(1) Under age 21					
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	Total	(8)	22,304.15	00	1,478.20	13,934.80				6,247.15	0 202	0	526.60	1,092.00		_
	Radical	(7)	40	90	5 7	28				21	0 [	70	E			
ocedures	Total	(9)	12,376.00	•	1,601.60	5,253.20				3,612.20	000		380.00	1,599.6)		_
Number of Procedures	Mastectomies Payments	(5)	47	00	12	28				18	0 10	no	9	40		
comies	Total Payments*	(4)	336,861.40	1,586.00	37,423.80	186,108.70				1,216.80	468.00	1,040.00	9,542.50	3,122.00		
Cholecystectomies	Number of	(3)	903	າ ຜ	123	266				130	dç	7 7	2	28		
omies	Total	(2)	311,211.95	00	16,131.00	261,868.95				25,189.00	13 000 00	0 00.500	8,080.00	1,087.00		_
Hysterectomies	Number of	(1)	1080	00	62	926				76	0 [	10	28	10		
mies	Total	(8)	145,711.62	00	116,761.30	14,192.68				14,708.64	0 300	1,905.08	124.80	11,282.36		
Tonsillectomies	Number of	(1)		00	1,242	150				152	0 *	22	1	112		
Procedures	Total	(6)	2,885,475.75	5,365.30	250,390.25	1,327,875.41	,			636,492.31	2,860.00	15,900.08	42,793.54	136,420.98		_



Mississippi Medicaid Commission
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P. SIMMONS SVERSICHT & H. VESTISATIONS

December 9, 1977

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JESSE O. ADCOCK, CHAIRMAN D. W. WILLIAMSON GEORGE S. SMITH SEN. WM. G. BURGIN, JR. SEN. NAP L. CASSIBRY REP. MILTON CASE REP. CHARLES M. DEATON

The Honorable John E. Moss Chairman, Oversight and Investigations Subcommittee Congress of the United States House of Representatives Washington, D. C. 20515

Dear Mr. Moss:

Please refer to our letter of November 14, 1977, in regard to your questionnaire concerning surgical procedures. We now have obtained additional data.

As outlined in our previous letter, all data is from Fiscal Year, 1977, which runs from July 1, 1976, to June 30, 1977.

- The average cost per day for inpatient hospital care during FY 77 was \$113.49. No breakdown of information is available for males and females.
- Mississippi is not a participant in MMIS, but hopes to enter the system during 1978.
- Total number of different persons eligible at some time during the year:

OAA	92,459
AB	1,918
AFDC Children	33,454 179,367
AFDC Adults	52,294
CWS Foster Care	1,208
TOTAL	360,700

Average number of persons eligible monthly:

OAA	81,063
AB	1,776
APTD	27,610
AFDC Children	142,727
AFDC Adults	42,327
CWS Foster Care	800
TOTAL	296 303

Honorable John E. Moss Page Two December 9, 1977

Mississippi does not have eligibles separated into subcategories as defined by their money payment status in SRS-NCSS form 2082. This information is available only for recipients.

- 4. The total number of surgical procedures involving Medicaid reimbursement was 41,591, although only 11,394 of these were inpatient surgical procedures. Total payments totaled \$2,459,621.00. These payments are for surgeons' fees. The total payments are not available by major eligibility categories.
- 5. The total number of tonsilectomies performed was 750.

6. The total number of hysterectomies performed was 475.

7. The total number of cholecystectomies performed was 329.

Average days of hospitalization for this procedure
Fee paid to physician (cholecystectomy)\$225.00
Cholecystectomy with exploration of common duct\$260.00
Total Cost\$510,848.00
This total cost represents fees paid to physicians plus hospital fees.

8. The total number of mastectomies performed was 27.

Average days of hospitalization for this procedure	10.67
Fee paid to physician for complete (simple) mastectomy	
unilateral	\$100.00
bilateral	\$200.00
Radical mastectomy including breast, pectoral muscles and	
axillary lymph nodes	\$200.00
Total Cost	
This total cost represents an average fee of \$150.00 plus	hospital foos

If you have any questions related to this, please direct them to Mr. Roy Willingham, Program Analyst (601-354-7464).

Sincerely,

Sruce

William R. Allen Deputy Director

WRA-RW-jc Attachment

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of recipient and tests of eligibility for medical case	Tol.al	Punilo	Total	Found	Procedures			Payments
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1. Total	360,700.		296,303		. 11 .		750	\$239,228
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				-				
(2) Age 21-64				-			-	

<sup>\*</sup> Indicate surgical fee, mesthesia fee, hospitalization or the mestral fee and hospitalization costs.

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\* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.

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1. Total	0LZ, 603	331,312	.395,811	257,277	30,651	2,115,310		
2. Received money payments: Automatically eligible for medical assistance	49.442		V03. 482	100 000	÷			
b, Bindness	2,549	1,657	1,979	1,286	326	23,268		
d. Dependent shallow under 21	168,714	109,664	131,013	85,158	5,891	406,140 556,327		
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C. rermishent and total disolately	58.617	38,101	45.518:	29.587	2,048	141,726		
6. Adults in families with dependent children	23,447	15,241	18,207	11,835	2,290	158,648		
%. NOT visible for maintenance essistance:	24 2 1 1 1							
A. Age Ga and over	1,019	709	7.67	515				
b. Clindress	610,1	999	792.	515	219	14,807		
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5			-					
f. All other:	6,626	4,307	5,146	3,345	766	52,883		
(2) Age 21-64	19,880	12,923	15,437	10,033	2,300	158,648		

\* Indicate surviced for become

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FY 1977 (July, 1978 - Jule Hygy) Tread and proposed and an action and partition to the formation of the format of

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RECIPIENT MAINTENANCE AND ASSISTANCE STATUS

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Breast (incision, excision, repair) (19000 19499)	0	0	0	0	80	2190	10	436	53	2263
Musculoskeletal system (20000 29799)	1159	46190	71	2514	6004	227612	2002	52215	2218	63863
Nose, sinuses, larynx (30000 31590)	16	235	0	0	នូន	2477	117	2161	99	4157
Trachea, bronchi, lungs and pleura (31600 32961)	29	859	0	0	194	5937.	49	1465	92	1243
Heart and pericardium (33000 33805)	0	0	0	0	1058	21570	41	1390	248	9475
Arteries and veins (34000 37785)	13	187	0	0	774	25155	202	3754	242	7552
Lips, tonyue, teeth, gums, palate, uvula, salivary glands and ducts (40490 42509)	0	0	44	1178	201	2888	.009	7346	110	1319
Stomach, intestines, diverticulum and appendix (43500 44950)	46	900	0	0	694	27176	304	13140	721	25368
Rectum and anus (45000 46930)	56	197	1	14	185	4837	15	419	146	2953
Urinary systrm (50000 53661)	16	118	4	106	406	15114	326	5939	396	10114
Female genital system (56000 58999)	3	999	28	1460	450	16696	87	2133	2793	124992
Maternity care and delivery (59000 59889)	0	0	0	0	96	7749	142	16005	2317	356128
Endocrine system (60000 60605)	17	120	0	0	-	334	15	382	123	3430
Nervous system (61000 64960)	1	14	14	418	1008	30365	630	12432	983	21954
Eye (65100 68840)	27	3383	52	1442	446	25404	226	8506	190	7672
Ear (69000 69920)	0	0	25	802	500	5571	692	16077	242	10332
TOTALS*	1391	52769	239	7933	11864	421073	5552	143800	10874	652813

Surgeries paid between July 1, 1976 and June 30, 1977 by Montana Medicaid.

\*Totals may vary due to rounding

RECIPIENT MAINTENANCE AND ASSISTANCE STATUS

Financially Eligible for Maintenance Assistance but did not Receive Money Payments

	Age 65 or older	Age 65 or older	Blindness	ness	Permanent and total Disability	nent otal lity	Dependent children under 21	dent dren r 21	Adults in families with dependent child	Adults in families with dependent children
Procedure	Services Number Cos	ices Cost(\$)	Services Number Cos	ces Cost(\$)	Services Number Cos	ces Cost(\$)	Services Number Cos	ces Cost(\$)	Number Number	Services r Cost(S)
Breast (incision, excision, repair) (19000 19499)	0	0	0	0	13	308	24	298	11	342
Musculoskeletal system (20000 29799)	1513	29146	8	44	1018	30954	354	12474	285	9461
Nose, sinuses, larynx (30000 31590)	0	0	0	0	19	216	36	236	1	10
Trachea, bronchi, lungs and pleura (31600 32961)	4	424	0	0	52	1187.	43	528	7	124
Heart and pericardium (33000 33805)	23	403	0	0	225	4144	58	1492	61	2771
Arteries and veins (34000 37785)	9	69	0	0	126	6419	62	644	20	1827
Lips, tongue, teeth, gums, palate, uvula, salivary glands and ducts (40490 42509)	-	103	0	0	46	469	87	845	0	0
Stomach, intestines, diverticulum and appendix (43500 44950)	9	987	0	0	90	4887	23	1600	32	2518
Rectum and anus (45000 46930)	-	16	0	0	12	264	2	78	41	736
Urinary system (50000 53661)	0	0	0	0	84	2042	15	429	21	1075
Female qenital system (56000 58999)	0	0	0	0	61	2023	11	630	324	14322
Maternity care and delivery (59000 59889)	0	0	0	0	6	838	10	2954	370	44299
Endocrine system (60000 60605)	0	0	0	0	-	393	0	0	24	814
Nervous system (61000 64960)	0	0	0	0	462	13637	87	2410	144	3336
Eve (65100 68840)	0	0	-	542	265	8893	38	1159	2	. 41
Ear (69000 69920)	0	0	0	0	36	866	115	2743	0	0
TOTALS*	1585	31139	6	585	2513	77669	965	28521	1337	81677

Surgeries paid between July 1, 1976 and June 30, 1977 by Montana Medicaid.

<sup>\*</sup>Totals may vary due to rounding

RECIPIENT MAINTENANCE AND ASSISTANCE STATUS

Not Eligible for Maintenance Assistance

	Age	Age 65 or older	8110	Blindness	Permanent and total Disabilit	Permanent and total Disability	Dependent children under 21	dent dren r 21	Adul familio	Adults in families with dependent children
Procedure	Serv	Services iber Cost(\$)	Services Number Cos	ices Cost(\$)	Services Number Cos	(cost(s)	Services Number Cos	ces Cost(\$)	Number	Services r Cost(S)
Breast (incision, excision, repair) (19000 19499)	0	0	0	0	51	883	0	0	33	1129
Musculoskeletal system (20000 29799)	2084	51966	9	900	981	40169	14	816	358	14755
Nose, sinuses, larynx (30000 31590)	1	598	0	0	11	1263	0	0	4	507
Trachea, bronchi, lungs and pleura (31600 32961)	0	0	0	0	72	1663	e	422	e	384
Heart and pericardium (33000 33805)	1	161	0	0	166	3973	0	0	99	5055
Arteries and veins (34000 37785)	46	401	0	0	208	8553	9/	1583	17	894
Lips, tongue, teeth, gums, palate, uvula, salivary glands and ducts (40490 42509)	31	186	0	0	26	1149	0	0	51	616
Stomach, intestines, diverticulum and appendix (43500 44950)	18	108	-	81	177	5284	17	120	108	2159
Rectum and anus (45000 46930)	2	36	2	30	24	484	0	0	18	413
Urinary system (50000 53661)	4	83	0	0	69	2689	0	0	55	1257
Female genital system (56000 58999)	0	0	0	0	63	2247	0	0	314	10390
Maternity care and delivery (59000 59889)	0	0	0	0	0	0	0	0	145	15005
Endocrine system (60000 60605)	1	414	0	0	1	334	0	0	0	0
Nervous system (61000 64960)	1	55	0	0	243	5231	0	0	74	1978
Eye (65100 68840)	19	1558	0	0	23	2202	0	0	14	449
Ear (69000 69920)	0	0	0	0	3	24	0	0	27	1370
TOTALS*	2208	55567	6	712	2148	76150	110	2942	1287	56360

Surgeries paid between July 1, 1976 and June 30, 1977 by Montana Medicaid.

\*Totals may vary due to rounding



State of Nebraska

Department of Public Welfare PN 5: 53

Eldin J. Ehrlich, Director 1977 GCT 11 TM 9 35

James Exon, Governor

SUPCOMMITTEE ON EVERSUATIONS

October 26, 1977

The Honorable John E. Moss Chairman, Oversight and Investigations Subcommittee Congress of the United States House of Representatives Washington, D.C. 20515

RE: Letter of September 30, 1977

Congressman Moss:

Attached please find the information requested in your letter of September 30, 1977. Attachment "A" summarizes the information requested. Attachment "B" summarizes the input parameters and justification.

If you have any questions or comments regarding the attached information. please contact Maureen Murray, Medical Data Processing Consultant at telephone (402) 471-3121, Ext. 147.

Sincerely.

State Director

EJE:mm

Attachments

cc: L. Nedrow R. Wright RSW

D. Hogg

Congressman Moss October 26, 1977 Attachment "B"

## INPUT PARAMETERS AND JUSTIFICATION

In support of the data presented, the following parameters were used for the data retrieval:

- Claims paid between July 1, 1976, and June 30, 1977, were utilized.
- 2. The Number of Procedures counts were based on the ICDA-8 Surgical procedure codes. ICDA-8 codes utilized in the retrieval were 01 through 99.9 and Al through A2.9. These ICDA-8 Surgical procedure codes were extracted from Inpatient and Outpatient Hospital Claim records.
- 3. Total Payments were based on the net amount of the Inpatient and Outpatient Hospital claim records containing the above referenced ICDA-8 Surgical procedure codes and the net line amount of the physician (surgeon, assistant surgeon, and anesthesiologist) claim records that contained a Current Procedural Terminology, Third Edition (CPT-3) procedure code between the range of 10000 through 69999.
- Medicare/Medicaid claims were bypassed in the retrieval as the ICDA-8 Surgical procedure code is not contained on a Crossover Claim.
- 5. The unduplicate yearly eligible recipients is based on Fiscal Year October 1, 1976, through September 30, 1977. Breakdown by Category of Assistance is unavailable.
- 6. The Average Monthly Number of Eligible recipients is estimated based on the PAS-116. Average for October 1. 1976, through September 1. 1977. The female client count is based on the percentage calculated from the August, 1977 Client Eligibility Master.
- 7. Previous reports were submitted using the Relative Value procedure code (0100 through 6999) as the reporting base rather than the ICDA-8 Surgical procedure code thus causing an inflated number of surgical procedures. Fach procedure has the potential of having three claims being filed (Surgeon, Assistant Surgeon, and Anesthesiologist) when using the Relative Value procedure coding systems as the basis of the counts.
- Previous reports contained only the professional component, i.e., Surgeon, Assistant Surgeon, and Anesthesiologist thus reflecting a much lower total payments cost than in Fiscal Year 1976-1977.

Attachment "A" Participating in MMIS

NEBRASKA DEPARTHENT OF PUBLIC WELFARE SURGICAL PROCEDURES AND EXPENDITURES

149,   149,	Maintenance Assistance Status of recipient and basis of eligibility for medical care	NUMBER OF ELI Unduplicated Yearly Total Total	NUMBER OF ELIGIBLES Yearly Total 'Aver Female Tota	9	IBLES Average Monthly Nbr Total Female	onthly Nbr Female	Number of Procedures	TOTAL SURGICAL PROCEDURES Number of Total Procedures Payments	TONS ILLECTOMIES Number of Procedures	Total Payments
Fig. 6 and over the following	otal	67,203	43,582		55,462	35,441	5,582	5,888,539.37	361	149,853.42
Disabled	Age 65 and Over				5,906	4,205	4,375	4,231,466.92	309	127,703.10
Other Children under 21  Other Children under					188 5,548 23,320 9,582	3,296 11,474 9,256	543 1,714 1,983	11,325.22 1,005,498.18 992,490.70 2,106,750.49	263 38	897.20 104,239.33 19,619.27
ey Spenddown Age 65 and Over Blind Condended Blinds with Dependent Children Children under 21 Cocaded Saistance Intended Saistance Intended Saistance Intended Saistance Intended Saistance Cocaded Children Cocad					1,020	894	53	39,357.50		2,947.30
Adults in families with control of the following state of the following state of the families with the families with the following state of the following state	0				000	000	&£	86,935.63 1,192.98 983.60	. 61	886.00
Obernative Children         0         0         1         1,363.00           ancialty eligible for Intenance assistance         1         1,363.00         0           Intenance assistance         0         0         0         0           Appendent Children         0         0         0         0           Billind         0         0         0         0           Billind         0         0         0         0           Operation Children         0         0         0         0           Operation Children under 21         0         0         0         0         0           Operation Children under 21         0         0         0         0         0         0           Operation Children under 21         1,570,186,22         50         1,570,186,22         50         0         0           Dependent Children under 21         1,570,186,22         22,004,22         47         47         47 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>5<u>+</u>9</td> <td>15,883.50</td> <td>2</td> <td>886.00</td>						-	5 <u>+</u> 9	15,883.50	2	886.00
ancially eligible for Intendace assistance Intendace assistance Intendace assistance Intendace assistance  Age of an over Billing and over Coependant Children Coepend					0	0	-	1,363.00		
Year Constitution         0	nancially eligible for naintenance assistance									
Billing   Billing   Billing   Billing   Billing   Billing     Operadorat Children   Company   Company   Company   Company     Operadorat Children   Company	ayment Age 65 and Over				0	0	00	00	00	00
Aguites in families with Adults with Dependent Children         0					00	00	00	00	00	00
Other Children under 21  Other Adults over 21					00	00	00		00	00
Money         6,282         4,473         47         55,936,53         50           Age 65 and Over         37         21         47         56,936,53         50           Blind         1,563         928         279         1,514,42         47           Total Disubled         1,563         928         279         706,138,88         706,138,88           Dependent Children         1,33         606         333         233,900,42         47           Adults in families with         1,88         488         459         545,181.86         2           Other Children under 21         0         0         22,064,71         1					0	0	0	0	0	0
Total Disabled Total Disabled Total Disabled Total Disabled Total Disabled Total Children Total	2				6,282	4,473	1,149	1,570,136.82	90	21,264.32
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			7		264	121	. 28	22,064.71	-	158.00

NEBRASKA DEPARTHENT OF PUBLIC WELFARE SURGICAL PPOCEDURES AND EXPENDITURES

Attachment "A" Participating in MMIS

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\* Indicate whether surgeone: fees, anesthests fees, hospitalization costs or the sum of all 3.

The Prudential Insurance Company of America Drawer 471, Millville, New Jersey 08332

Edward P. Hughes Governmental Health Programs Office :S11 OCT 31 PM 6: 07

SUBCOMMITTEE ON SUBCOMMITTEE ON SVERSIGHT & INVESTIGATIONS OCTOBER 28, 1977

Honorable John E. Moss. Chairman Subcommittee on Oversight and Investigations Room 2323 Rayburn House Office Building Washington, D.C. 20515

Dear Sir:

I am pleased to respond to your letter of September 29, 1977.

Attachment I enclosed, consisting of nine separate charts, contains all of the data requested pertaining to payments for surgical procedures under our contract with the State of New Jersey as a Medicaid fiscal agent. Attachment II is a listing of all codes and narrative descriptions of the procedures included in the survey.

As you may know, New Jersey utilizes the services of two fiscal agents to assist in the administration of its Medicaid Program, The Prudential Insurance Company of America and Hospital Service Plan of New Jersey (Blue Cross). It is my understanding that the latter organization will also be furnishing data pertaining to Medicaid expenditures for surgical procedures. While it would be proper for your staff to add the total dollars reported by both Contractors to determine monies expended by the New Jersey Medicaid Program, they should not add together the number of procedures. To do so would incorrectly inflate the incidence of surgery as the data reported by Blue Cross relative to the number of surgical procedures performed would be duplicative of that reported by Prudential.

It should also be noted that our report includes all surgical procedures, major and minor, performed in all settings; i.e. office, inpatient and outpatient hospital, etc.

I have reviewed the copies of the reports previously submitted by the State in response to the Subcommittee's past two surveys and find that they do not accurately depict the number of surgical procedures paid for by the New Jersey Medicaid Program in calendar year 1974. The data is based on figures furnished to the State by Prudential following a request for

the number of times those procedures listed in the surgical section of the coding manual were performed in 1974. The surgical section of the coding manual includes, among other things, some twenty (20) codes for eye care services, other than surgery, as well as codes for prenatal care. Thus, the reported figure of 235,055 surgical procedures was highly inflated by the inclusion of these very common, non-surgical procedures. Subsequently, we learned the purpose for which the data was requested and the exact nature of the request. Whereupon, we immediately notified the State Agency that the information previously furnished was inaccurate and inflated.

I am confident that the information in the enclosed charts is a true reflection of the incidence of surgery among New Jersey's Medicaid recipients during the State's Fiscal Year 1977.

As our contractual and fiduciary relationship on Medicaid matters rests with the State of New Jersey, I am taking the liberty of sending a copy of this letter and report to Mr. Thomas M. Russo, Acting Director, Division of Medical Assistance and Health Services, Department of Human Services.

If we can be of further assistance or if your staff has any questions about the information furnished, please contact me.

Sincerely,

Edward P. Hughes

Associate General Manager

EPH:dik

cc: Mr. Thomas M. Russo

JULY 1, 1976 - JUNE 30, 1977

NUMBER OF ELIGIBLES

ATTACHMENT I (1 of 9)

1			
Ma	Maintenance assistance status	AVERAGE MONTHLY NUMBER	HLY NUMBER
jo jo	of recipient and basis of eligibility for medical care	TOTAL	FEMALE
-	Total		
		624,880	390,409
2.	Received money payments Automatically eligible for medical assistance		
	a. Age 65 or over	41,818	31,348
	b. Biindness	1,193	691
	c. Permanent and Total disability	49,611	30,358
	d. Dependent children under 21, and adults in families with dependent children	463,521	289,627
ů	Financially eligible for maintenance assistance but did NOT receive money payment		
	a. Age 65 or over	21,283	16,094
	b. Blindness	95	47
	c. Permanent and total disability	12,113	5,736
	d. Dependent children under 21, and adults in families with dependent children	3,098	1,665
. 4	NOT eligible for maintenance assistance		
	a. Dependent children under 21	11,934	5,848
	b. All other: (1) Under age 21	20 214	9

ATTACHMENT I (2 of 9)

TOTAL SURGICAL PROCEDURES JULY 1, 1976 - JUNE 30, 1977

Ma	Maintenance assistance status	TOTAL SURGI	SURGICAL PROC.		SUBTOTALS	
jo for	of recipient and basis of eligibility for medical care	Number of Procedures	Total	Inpatient	Outpatient Amount	Physician
i.	Total (sum of items 2-4)	\$141,093	\$22,189,379.74 \$11,841,369,05 \$474,755.07	811,841,369.05	\$474,755.07	\$9,873,255.62
2.	Received money payments Automatically eligible for medical assistance					
	a. Age 65 or over	1,160	304,769.18	195,867.16	1,124.50	107,777.52
	b. Blindness	181	53,175.74	32,781.34	115.00	20,279.40
	c. Permunent and Total disability	12,445	3,383,899.64	2,379,765.95	17,531.00	986,602.69
	d. Dependent children under 21, and adults in families with dependent children	120,594	17,334,473.79	8,615,905.60	434,311.99	8,284,256.20
3	Financially eligible for maintenance assistance but did NOT receive money payment					
	a. Age 65 or over	77	38,848.53	28,912,98	0	9,935.55
	b. Blindness	7	459.20	0	0	459.20
	c. Permanent and total disability	1,060	341,367.85	238,670.99	1,138.00	101,558.86
	d. Dependent children under 21, and adults in families with dependent children	906	105,189.68	42,154.93	1,765.06	61,269.69
. 4	NOT eligible for maintenance assistance					
	a. Dependent children under 21	1,536	167,420.68	75,977.81	7,985.25	83,457,62
	b. All other: (1) Under age 21	3,127	459,775.45	231,332.29	10,784.27	217,658.89

ATTACHMENT I (3 of 9)

TONSILLECTOMY - JULY 1, 1976 - JUNE 30, 1977

Ma	Maintenance assistance status	TOTAL TONSIL	TONSILLECTOMIES		SUBTOTALS	
fo	of recipient and basis of eligibility for medical care	Number of Procedures	Total Payments	Inpatient	Outpatient Amount	Physician Amount
1.	Total (sum of items 2-4),	3,537	\$456,037.37	\$159,231.69	\$23,230.85	\$273,574.83
2.	Received money payments Automatically eligible for medical assistance					
	a. Age 65 or over	0	0	0	0	0
	b. Blindness	2	818.31	627.56	0	190.75
	c. Permanent and Total disability	37	4,817.46	1,864.86	0	2,952.60
	d. Dependent children under 21, and adults in families with dependent children	3,268	416,420.65	142,321.80	21,723.10	252,375.75
3,	Financially eligible for maintenance assist- ance but did NOT receive money payment					
	a. Age 65 or over	0	0	0	0	0
	b. Blindness	0	0	0	0	0
	c. Permanent and total disability	0	0	0	0	0
	d. Dependent children under 21, and adults in families with dependent children	21	2,434.09	624.09	0	1,810.00
. 4	NOT eligible for maintenance assistance					
	a. Dependent children under 21,	66	14,783.80	6,799.72	641.75	7,342.33
	b. All other: (1) Under age 21	110	16,763.06	6,993.66	866.00	8,903,40

ATTACHMENT I (4 of 9)

HYSTERECTOMY - JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status	TOTAL HYSTERECTOMIES	ECTOMIES	SUBTO	SUBTOTALS
of recipient and basis of cligibility for medical care	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
1. Total (sum of 1tems 2-4)	1,371	\$855,741.42	\$466,540.25	\$389,201.17
2. Received money payments Automatically eligible for medical assistance				
a. Age 65 or over	7	1,359.10	0	1,359.10
b. Blindness	0	0	0	0
c. Permanent and Total disability	124	91,116.65	55,749.56	35,367.09
d. Dependent children under 21, and adults in families with dependent children	1,227	752,949.40	404,709.22	348,240.18
3. Financially eligible for maintenance assistance but did NOT receive money payment				
a. Age 65 or over	2	457.00	0	457.00
b. Blindness	0	0	0	0
c. Permanent and total disability	8	6,492.11	4,595.31	1,896.80
d. Dependent children under 21, and adults in families with dependent children	9	3,367.16	1,486.16	1,881.00
4. NOT eligible for maintenance assistance				
a. Dependent children under 21	0	0	0	0
b. All other: (1) Under age 21,	0	0	0	0

ATTACHMENT I (5 of 9)

CHOLECYSTECTOMY - JULY 1, 1976 - JUNE 30, 1977

Ma	Maintenance assistance status	TOTAL CHOLEC	CHOLECYSTECTOMIES	SUBTC	SUBTOTALS
fo	of recipient and basis of eligibility for medical care	Number of Procedures	Total	Inpatient Amount	Physician Amount
1.	Total (sum of 1tems 2-4)	885	\$630,551.25	\$398,434.93	\$232,116.32
2.	Received money payments Automatically eligible for medical assistance				
	a. Age 65 or over	25	12,680.53	6,699.53	5,981,35
	b. Blindness	1	3,284.05	3,012.25	271.80
	c. Permanent and Total disability	136	123,015.85	88,617.58	34,398.27
	d. Dependent children under 21, and adults in families with dependent children,	711	485,022.41	296,556,46	188,465.95
3	Financially eligible for maintenance assistance but did NOT receive money payment				
	a. Age 65 or over	2	2,451.94	1,943.44	508.50
	b. Blindness	0	0	0	0
	c. Permanent and total disability	7	2,722.22	1,066.52	1,655.70
	d. Dependent children under 21, and adults in families with dependent children	2	543.60	0	543.60
. 4	NOT eligible for maintenance assistance				
	a. Dependent children under 21	0	0	0	0
	b. All other: (1) Under age 21	1	830.65	539,50	291,15

Mai	Maintenance assistance status	TOTAL Simple	Simple (Complete) Mast	SUBT	SUBTOTALS
for	of recipient and basia of eligibility for medical care	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
1.	Total (sum of 1tems 2-4)	39	\$15,928.80	\$12,123.23	\$3,805.57
2.	Received money payments Automatically eligible for medical assistance				
	a. Age 65 or over	1	127.80	0	127.80
	b. Blindness	0	0	0	0
	c. Permanent and Total disability	89	6,925.50	6,108.97	816.53
	d. Dependent children under 21, and adults in families with dependent children	23	8,277.02	5,415.78	2,861.24
e,	Financially eligible for maintenance assist- ance but did NOT receive money payment				
	a. Age 65 or over	0	0	0	0
	b. Blindnesa	0	0	0	0
	c. Permanent and total disability	0	0	0	0
	d. Dependent children under 21, and adulta in families with dependent children	0	0	0	0
4.	NOT eligible for maintenance assistance				
	a. Dependent children under 21	1	226.18	226.18	0
	b. All other: (1) Under age 21	1	372,30	372.30	0

ATTACHMENT I

MASTECTOMY - PARTIAL JULY 1, 1976 - JUNE 30, 1977

Ma	Maintenance assistance status	TOTAL PARTIAL	TOTAL PARTIAL MASTECTOMIES		SUBTOTALS	
fo f	of recipient and basis of eligibility for medical care	Number of Procedures	Total Payments	Inpatient	Outpatient Amount	Physician Amount
ή.	Total (sum of items 2-4)	914	\$184,117.80	\$102,795.28	\$3,211.92	\$78,110.60
2.	Received money payments Automatically eligible for medical assistance					
	a. Age 65 or over	10	1,083.59	378.69	0	704.90
	b. Blindness	0	0	0	0	0
	c. Permanent and Total disability	83	23,197.36	16,162.82	84,35	6,950.19
	d. Dependent children under 21, and adults in families with dependent children	790	151,410.57	80,838.04	2,817.67	67,754.86
e,	Financially eligible for maintenance assistance but did NOT receive money payment					
	a. Age 65 or over	0	0	0	0	0
	b. Blindness	1	92.70	0	0	92.70
	c. Permanent and total disability	6	1,442.02	256.62	309,90	875.50
	d. Dependent children under 21, and adults in families with dependent children	3	274.40	0	0	274.40
. 4	NOT eligible for maintenance assistance					
	a. Dependent children under 21	4	1,643.92	1,371.42	0	272.50
	b. All other: (1) Under age 21,	14	4,973.24	3,787,69	0	1,185.55

MASTECTOMY - RADICAL JULY 1, 1976 - JUNE 30, 1977

Mai	Maintenance assistance status	TOTAL RAD. MA	RAD. MASTECTOMIES	SUBTC	SUBTOTALS
for	of recipient and basis of eligibility for medical care	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
i	Total (sum of Items 2-4)	31	\$16,016.32	\$11,141.97	\$4,874.35
2.	Received money payments Automatically eligible for medical assistance				
	a. Age 65 or over.	1	377.30	0	377.30
	b. Blindness	0	0	0	0
	c. Permsnent and Total disability	8	4,265.31	2,945.91	1,319.40
	d. Dependent children under 21, and sdults in families with dependent children	21	11,011.71	8,196.06	2,815.65
en en	Financially eligible for maintenance assistance but did NOT receive money payment				
	a. Age 65 or over	0	0	0	0
	b. Blindness	0	0	0	0
	c. Permanent and total disability	0	0	0	0
	d. Dependent children under 21, and sdults in families with dependent children	1	362.00	0	362.00
4.	NOT eligible for maintenance assistance				
	a. Dependent children under 21	0	0	0	0
	b. All other: (1) Under age 21	0	0	0	0

ATTACHMENT I (9 of 9)

MASTECTOMY - MODIFIED RADICAL JULY 1, 1976 - JUNE 30, 1977

١					
Ma	Maintenance assistance atatus	TOTAL MOD. RA	RADICAL MAST.	SUBTO	SUBTOTALS
of for	of recipient and baaia of eligibility for medical care	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
÷	Total (aum of 1tems 2-4)	39	\$11,805.94	\$1,349.98	\$10,455.96
2.	Received money paymenta Automatically eligible for medical aasiatance				
	a. Age 65 or over	9	896.40	0	07.968
	b. Blindness	0	0	0	0
	c. Permanent and Total disability	11	3,266.94	0	3,266.94
	d. Dependent children under 21, and adulta in families with dependent children	21	6,563.00	1,349.98	5,213.02
3	Financially eligible for maintenance aasistance but did NOT receive money payment				
	a. Age 65 or over	0	0	0	0
	b. Blindnesa	0	0	0	0
	c. Permanent and total disability	3	929.60	0	929.60
	d. Dependent children under 21, and adults in families with dependent children	0	0	0	0
4.	NOT eligible for maintenance assistance				
	a. Dependent children under 21	0	0	0	0
	b. All other: (1) Under age 21	1	150.00	0	150,00

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STATE New Mexico

		Number of	Eligibles	f no,	ren Surfect ly	cal Procedures	Fonsille	Tres Surples Procedures Constituction (946)
Maintenance attitance status	Undu'l Leated	yearly total	Undualitated yearly total Average Benthly Bumbar	thly flumbar	Jo .toquati	Total	latrelian of	Lineary Control
of recipient and trish of eligibility for medical care	fotal	Forsto	Total	Found	Procedures	Paymonts #		Payments
	. 111	(2)	(0)	- E	(8)	. 19)	171	(2)
Solitoria of trena 3-41	Not available at thi	lablo at this time.	84,809	Not available	72,077	\$3,880,847.04.2,439	14. 2,439	\$92,692.16
Received money payments: Automatically eligible for medical assistance					e l			
b. Clindness		-				The same of the sa	and the spinish and the same an	
e. Seraisacot and total disability						-		
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d. Dependent children under 21		,		Total and the section benefitted				-
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(1) Under 338 21			-	-	-			
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	1, Total	1				-			
	(Sum of items 2-4)	3,072	\$181,293.77	1304	\$62,270.77	92	\$5,269.07	120	\$8,920.64
	2. Received money enyments:		4.		-				
	a 60e 65 of cycle								
	b. Siladness								!
	c. Permanent and total dischility								
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\* Indicate whether surgeons fees, anesthesta fees, hospitalization costs or the sum of all 3.

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET CLBANY, NEW YORK 12243
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\*\*\*TOTAL STREET CLBANY, NEW YORK 12243



January 18, 1978

The Honorable John E. Moss Chairman Subcommittee on Oversight and Investigations United States House of Representatives Rayburn House Office Building, Room 2323 Washington, D.C. 20515

Dear Mr. Moss:

Barbara B. Blum

Acting Commissioner

This is a follow-up to Richard Berman's letter to you dated December 21, 1977 with which he provided you with data regarding surgical procedures involving Medicaid reinbursement.

The only additional data we can provide you for 1976 is the following:

Average Monthly Number of Medicaid Eligibles:

Total 2,229,810
Medicaid Only Eligibles 347,339
SSI Eligibles 398,326
Public Assistance Eligibles
Home Relief 234,161

We hope this information will be helpful to you.

Sincerely.

Wirlan Steibel, D.N.S.
Deputy Commissioner
Division of Medical Assistance

## STATE OF NEW YORK DEPARTMENT OF HEALTH SYSTEMS MANAGEMENT

TOWER BUILDING . EMPIRE STATE PLAZA . ALBANY, N.Y. 12237

ROBERT P. WHALEN, M.D.

RICHARD A. BERMAN

December 21, 1977

The Honorable John E. Moss Chairman Subcommittee on Oversight and Investigations United States House of Representatives Rayburn House Office Building, Room 2323 Washington, D.C. 20515

Dear Mr. Moss:

Your September 30, 1977 request for information to Acting Commissioner Shang of the State Department of Social Services concerning surgical procedures paid for under the Medicaid program was forwarded to the Office of Health Systems Management of New York State for response on October 28, 1977.

By retrieving the data stored in the New York State Hospital Utilization Review System, we were able to meet your request regarding the summary of surgical procedures. However, the data concerning 'Maintenance Assistance Status and Basis for Eligibility" is only available from the State Department of Social Services. We are referring this section to the State Department of Social Services for completion.

Please be aware that the information provided in Mrs. Myers' letter dated July 11, 1975 regarding the estimated cost for tonsillectomies should be corrected to read 3.860 million.

I hope that the information which we are providing will be of assistance to the Subcommittee. Please contact me whenever the Office of Health Systems Management may be of assistance.

Sincerely yours

Richard A. Berman Director, Office of

Health Systems Management

Surgical Procedures Involving Medicaid Reimbursement and Government Dollars In New York State (Estimated for 7/1/76 - 6/30/77)

Type of Surgery	Procedures	Patient Days	Hospital Payments
Total Surgical Procedures	271,435	2,676,337	\$487,093,334
Tonsillectomies	. 9,173	16,493	\$3,001,726
Hysterectomies	4,748	60,346	\$10,982,972
Cholecystectomies	4,274	73,053	\$13,295,646
Partial Mastectomies	3,030	16,923	\$3,079,986
Radical Mastectomies	735	13,585	\$2,472,470

Source: New York State Hospital Utilization Review System, New York State Department of Health

12/5/77

## **ELECTRONIC DATA SYSTEMS CORPORATION**

DALLAS TEXAS 75230

EDS CENTER 7171 FOREST LANE (214) 661-6000

March 15, 1978

The Honorable John E. Moss, Chairman Subcommittee on Oversight and Investigations Committee on Interstate and Foreign Commerce 2323 Rayburn House Office Building Washington, D. C. 20515

Dear Mr. Chairman:

Attached is the data related to North Carolina Medicaid surgical procedures requested by your Subcommittee. We are able to supply the information for FY 76-77 surgical procedures paid during the periods for which we were the fiscal agent.

Permission to release this data was sought from this state and permission was granted. Every effort has been expended to provide comprehensive reporting that will meet the needs of the Subcommittee.

Please relay our special appreciation to the Subcommittee staff. Their assistance in providing answers to our questions was most helpful.

Sincerely,

H.R. Perot Chairman and President

HRP:cli

cc John Billett

## Expenditures by North Carolina for FY 1976-1977 paid during the EDSF Contract Period

The following criteria was used to extract data for the attached requested report.

- 1. All claims meeting the specifications for FY 76-77 Medicaid surgical procedures are reported. Careful attention must be paid to the fact that EDSF was not the fiscal agent for the entire FY 76-77. Data reported is for surgical procedures with dates of service during FY 76-77 but paid during the EDSF contract period. For North Carolina the period scrutinized with room January 1, 1977 through February 28, 1978. Many claims for the easily half of the fiscal year were paid by the former contractor. It is estimated that the services reported cover approximately 65% of the surgical procedures rendered during FY 76-77.
- 2. The unduplicated count of eligibles, and the average monthly number of eligibles, covers the entire FY 76-77 period.
- 3. The surgical procedures count was derived by counting only procedures rendered by surgeons. Total surgical payment amount, made for each eligible recipient, is the sum of the paid amounts for all related surgeons' fees, assistant surgeon's fees, anesthesia fees, and hospitalization fees.
- 4. The surgery definitions provided by the Subcommittee were followed. The ICDA procedures codes referenced by the Subcommittee were cross-referenced to CPT-3 procedures codes currently used in North Carolina.
- 5. Eliminated from the report were claims related to Medicare Cross-overs, Adjustments, Voids and Refunds.
- 6. Total Payments from lines two through four will not exactly balance to line one due to the rounding of cents to the nearest dollar.
- 7. The North Carolina system is an MMIS.

	CEDURES																									
03/08/78 fts: YES	TOTAL SURGICAL PROCEDURES NUMBER OF TOTAL PROCEDURES PAYMENTS	25, 147, 109	000	100,301 6 998 879	165,377	4,854,252	6, 187, 503	-	801	3, 535		27, 259	2, 244, 494	6,671	481,878	402,421	126,693	000		48,102	2, 100, 546	7, 163	483,356	876,892	30, 135	1,528
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a Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.

JAMES A. RHODES Governor State of Ohio

KENNETH B. CREASY
Director
CHARLES E. NOGGLE
Assistant Director



### DEPARTMENT of PUBLIC WELFARE

OFFICE OF THE DIRECTOR
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October 28, 1977

The Honorable John E. Moss, Chairman Oversight and Investigations Subcommittee Committee on Interstate and Foreign Commerce Room 2323, Rayburn House Office Building Washington, D. C. 20515

Dear Congressman Moss:

The Medicaid information you requested in your September 30, 1977 letter is attached. These figures are substantially an update of the State's statistics furnished to your committee for calendar year 1974.

Since the maintenance assistance program for eligibles has changed since the last reporting period, the detailed breakdown that you requested cannot be furnished. This program has been deleted for all categories except Aid for Dependent Children (ADC). Our report does provide the greatest detail that the Medicaid Management Information System (MMIS) is capable of providing. (Atch 1)

The portion of the report pertaining to surgical procedures contains all surgical procedures listed in the Physicians' Current Procedural Terminology (CPT), 3rd Edition, American Medical Association. (Atch 2)

If additional data or clarification of the reports' contents are required, please call Roger W. Brown, 614/466-7936.

Sincerely.

KENNETH B. CREASY

femon B. Cuas

KBC:mt

	MEDICAID ELIGIBLE	RECIPIENTS	
TIME FRAME	TOTAL BY AFA, AFB & AFD(*)	TOTAL BY ADC(*)	GRAND TOTAL
July '76	152,954	594,083	747,037
August '76	153,013	590,576	743,589
September '76	152,747	587,349	740,096
October '76	152,753	579,270	732,023
November '76	152,615	579,786	732,401
December '76	152,407	577,099	729,506
January '77	151,999	575,574	727,573
February '77	151,402	576,605	728,007
March '77	151,243	576,669	727,912
April '77	151,150	571,102	722,252
May '77	150,948	567,972	718,920
June '77	150,469	556,345	706,814
Note: (*) AFA: Aid for	Aged (Eligible for	Medicaid)	
AFB: Aid for AFD: Aid for ADC: Aid for	Blind (Eligible for Disabled (Eligible Dependent Children 1,823,700	f Medicaid) for Medicaid) (Eligible for	Medicaid and Money Payment
AVERAGE MONTHLY NUMBER	151,975	577,703	729,678

### OHIO DEPARTMENT OF PUBLIC WELFARE

### TOTAL SURGICAL PROCEDURES

NUMBER OF PROCEDURES: 105,932 TOTAL PAYMENTS: \$ 79,642,739

\$66,698,066 a. Includes Hospital: Anesthesia: 2,849,934

10,094,739 Surgeon:

Includes all surgical procedures listed in CPT

### SELECT LIST OF SURGICAL PROCEDURES

### TONSTLLECTOMIES:

Number of Procedures: 3159

\$908,253 Hospital Payments: Anesthesia Payments: 154,386 Surgeon Payments: 314,689

Total Payments: \$1,377,328

#### HYSTERECTOMIES:

Number of Procedures: 1609

Hospital Payments: \$1,802,926 Anesthesia Payments: 137,543 479,412 Surgeon Payments:

Total Payments: \$2,419,881

### CHOLECYSTECTOMIES:

Number of Procedures: 984

Hospital Payments:
Anesthesia Payments: \$1,614,744 87,484 285,141 Surgeon Payments:

\$1,987,369 Total Payments:

### MASTECTOMIES:

Number of Procedures (partial): 148

\$119,882 Hospital Payments: 6,398 Anesthesia Payments: Surgeon Payments: Total Payments: 19,358

\$145,638

Number of Procedures (radical): 56

Hospital Payments: \$68,042 5,278 17,287 Anesthesia Payments: Surgeon Payments:

Total Payments: 90,607

#### Grand Total for all Mastectomies:

204 Procedures: \$236,245 Payments:

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Page 1 of 2 FY.1976-77 Payment. Data		Undual Leated	' folal (Estimate)	. (1)	261 071		5 0/10	7,76	. 10,998	. 66,353		TOTAL	APPLICABLE	TO OREGON		. 11 857	266	.8.765		734		NOT	APPLICABLE	10 UKEGON	2		16 822	L .
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See page 1 of 2.

October 25, 1977 STATE OF OREGON DEPARTMENT OF HUMAN RESOURCES

	<u>CY</u> 1974	Dased on four digit procedure codes, unique to us, Did net include dollar-for anoshesia, surgical assists, or any hospital costs. Did include dollars for surgery fee which include routine pre-and post-operation care.	Frequency of all surgery procedures and related dollars for Medicaid Eligible Clients. Did not include General Assistance Medical Assistance data.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance Clicuts.
Summary of the Methods Used to Provide Selected Surjery Data to the House of Representatives on Three Separate Surveys for the Time Periods Denoted Delow	CY 1975	Part of time based on four digit procedure codes and part of time based on five digit procedure codes; both unique to us. Except for Total bunque to us. Except for Total bunque to an anothesia. Did not include dollars for anesthesia. Did not anothesia, obtained and any hospital costs. Did include dollars for surgical assists and any hospital costs. Did included dollars for surgery fee which includes routine pre-and post-operation care.	Frequency of all surgery procedures and related dollars for Medicaid Eligible Clients. Did not include General Assistance Medical Assistance data. Did include dollars for anesthesia.	Count is sum of monthly frequency counts by procedure code on <u>payment</u> data for Medicald and General Assistance Medical Assistance clients.	Count is sum of monthly frequency counts by procedure code on <u>payment</u> data for Medicald and General Assistance Medical Assistance clients.
Summary of the M Surgery Data to the Separate Surveys f	FY 1976-77	Based on 1969 California Relative Value Studies (CRV) Procedure Codes as detailed for each item on this sheet. Under the 1969 CRVS, the surgical assist dollars are automatically include olalars for automatically include olalars for anesthesia aind hospital costs. Does include dollars for surgery fee which include dollars for surgery fee which include allowed data for Medicaid and General Assistance Medical Assistance (100% State Funds) expenses so all data is	1969 CRVS 10000 through 69920. Count is frequency of procedures which would include double count of surgical assists. Cannot give unduplicated person count by month or year.	1969 CRVS 42840, 42841, 42860, and 42870. Count is sum of monthly unduplicated person count by procedure on payment data.	1969 CRVS 58150, 58180, 58200, 58205, 58210, 58240, 58264, 58270, 58275, 58280, 59285, and 59560. Count is sum of monthly unduplicated person count by procedure on <a href="mailto:payment_data">payment_data</a> .
		Applies to All Nata About Surgeries	Total Surgical Procedures	Tonsillectomies (male and female)	(female only)

October 25, 1977 STATE OF OREGON DEPARTMENT OF HUMAN RESOURCES

Summary of the Methods Used to Provide Selected Surgery Data to the House of Representatives on Thr Separate Surveys for the Time Periods Denoted Belo

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Surgery Data to the House of Representatives on Three Separate Surveys for the Time Periods Denoted Below (Continued from Page 1)	CY 1975	Count is sum of monthly frequency counts by procedure code on payment
<u>Surgery Data . Separate Sur</u>	FY 1976-77	1969 CRVS 47600, 47605, 47610, and 47620. Count is sum of monthly

counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.

unduplicated person count by procedure on payment data.

Cholecystectomies (male and female)

Count is sum of monthly frequency

Assistance Medical Assistance clients.

Partial is 1969 CRVS 19160, 19161, 19180, 19182, and 19184. Radical is 1969 CRVS 19200, 19210, and 19240. Count is sum of monthly unduplicated person count by procedure on payment

(female only) Mastectomies

Assistance Medical Assistance client Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General

Assistance Medical Assistance clients.

Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General

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counts by procedure code on payment data for Medicaid and General

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Participate in MHIS [] Yes, [] No

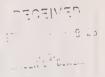
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\* Indicates sum of surgical and sacsthesia feetonly

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Social and Refractive Services
MEDICAL STANDARDS AND REVIEW
600 New London Avenue
Cranston, R. I. 02920



November 10, 1977

The Honorable John E. Moss Chairman, Committee on Oversight and Investigations Room 2323 Rayburn House Office Building Washington, D. C. 20515

Dear Congressman Moss:

I am pleased to provide the following information which you requested in your letter dated September 30, 1977, pertinent to the Rhode Island Medical Assistance Program for the fiscal year 1977.

During the fiscal year 1977, the Rhode Island Medical Assistance Program provided payment for a total of 4,788 surgical cases.

Total Number of Surgical Cases-----4,788

Total Expenditure for all Physician and Hospital Services for all Surgical Cases------\$5,219,

Average Expenditure for
Hospital and Physician
Services-----\$1,090

It should be noted that the average expenditure of \$1,090 for a surgical case includes the charges of the surgeon, assistant surgeon, anesthetist and all charges for hospital and ancillary services. These figures were obtained on the basis of a 20 per cent sample of all cases involving Medicaid expenditures for surgical procedures performed during the fiscal year 1977. This 20 per cent sample was then projected to encompass the entire Medical Assistance caseload. The total population at risk fcr all surgical procedures, on the basis of an average monthly caseload in Rhode Island, was 90,900 persons during the fiscal year 1977.

It is important to note that the total expenditures for hospital and physician services reflect Medicare involvement in the payment of some bills for those patients who are eligible for both Titles XVIII and XIX benefits. However, the overwhelming majority of cases pertain to recipients under age 65 not entitled to Medicare benefits.

You will note that the number of surgical cases decreased from 5,388 in the calendar year 1974, the prior reporting year, to 4,788 in the fiscal year 1977. During the same period, the caseload increased slightly from 90,000 persons in the calendar year 1974 to 90,900 persons in the fiscal year 1977.

In addition, the increase in the average expenditure for a surgical case from \$933 in the calendar year 1974 to \$1,090 in the fiscal year 1977, is primarily related to increases in hospital costs since surgeons, assistant surgeons and anesthetists, for the most part, continue to be reimbursed on the basis of the same fee schedule which was utilized during the calendar year 1974.

Trusting that this information will be of assistance to you and with best wishes,  $\boldsymbol{I}$  am

Sincerely,

P. Joseph Pesare, Dr. P.H., M.D.

Assistant Director

PJP/amd

1			If no, plan to enter January 1, 1979	o enter Jani	lary 1, 1979				
		Number of Eligibles	Eligibles			Total Surgi	Total Surgical Procedure	Tonsillectomies (\$66	mies (366)
al.	Maintenance assistance status	Unduplicated	Unduplicated yearly total		Average Monthly Number	Number of	Total	9 - 1 - 10	
of re	of recipient and basis of eligibility	Total	Female	Total	Female	Procedures	Payments*	Procedures Payments*	Payments*
	דות וווערונטו נטוע	3	(2)	(3)	(4)	(5)	(9)		
Total (Sum o	(Sum of 1tems 2-4)	318,662	215,718	251,720	171,592	18,892	\$22,729,369	555	\$257,347
ived a. A b. B c. F	Accaived money payments: Automatically eligible for medical assistance a. Age 65 or over. b. Blindnes. c. Permanent and total disability d. Departent Children under 21.		70,544	102,817	55,900	3,722	52,929,020	607	\$185,173
igible sending f. Ag g. Bl h. Pe	a. Adults in families with dependent children Eligible for medical assistance only after pending excess income on medical expensess f, Age 65 or over h, Permanent and total dissbility.	56,672	53,211.	40,863	38,868	10,561	59,253,304	. 06	\$44,159
nciallit did	Pinancially eligible for maintenance assistance but did NOT receive money payments: a. Age 65 and over b. Bindness c. Permanent and total disability	54,981 2,367 48,985	42,353 1,619 31,528	48,568 2,136 41,728	37,505 1,459 27,248	122	\$2,183,419 \$169,193	0 1 0	\$0 \$357
e. Ad	<ul> <li>d. Dependent children under Zi</li> <li>e. Adults in families with dependent children NOT eligible for maintenance assistance:</li> </ul>							13	11,904
b. BI	Age 65 and over	10,149	7,219	7,178	5,383	63	\$152,034		\$422
	Dependent children under 21								
f. Al	All others (1) Under age 21	10,238	5,405	5,689	3,034	171	\$120 221	93	
	(2) Age 21-64	5,417	3,839	2,741	2,195	581	\$1,172,152	4	\$13,246
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Participate in PMIS Tes, X No

June South Carolina

\* Indicate surgical fee, anesthesia fee, hospital fee, or the sum of all 3.

<sup>\*</sup> Please note total payments represents hospital fee

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Maintenance assistance status	(\$ Ou16)	(9)	(6 & 6)		Number of Procedures	ocedures		
of recipient and basia of eligibility for medical care	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies		Total Radical Total Payments* Mastectomeis Payments*	Total Payments*
	(3)	(2)	(3)	(4)	(5)	(9)	(7)	(8)
1. Total (Sum of teams 2-1)	510	\$70 7625	27.2	\$516.536	214	\$116.572	12	\$19,097
<ol> <li>Received money plyment: Automatically eligible for medicald assistance</li> </ol>								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability	-	\$2 788	4	\$11 229	35	\$16 941	0	c
	386	\$580,530	128	\$198,755	130	\$68,196	4	\$6,036
Eligible for medical assistance only after spending excess income on medical expences:								
f. Age 65 or over								
8. Diindhess								
Financially eligible for maintenance assistance but did NOT receive money navments:								
a. Age 65 and over	13	\$26,553	11	\$30,146	5	\$2,596	0	0
b. Blindness	3	\$6,631	6	\$13,661	H	0	0	0
c. Permanent and total disability  d. Dependent children under 21  e. Adults in families with dependent children	79	\$140,467	66	\$228,282	39	\$27,240	7	\$11,484
NOT eligible for maintenance assistance:								
a. Age 65 and over	2	\$2,749	3	\$5,939	0	0	0	0
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families With dependent current	0	0	0	0	1	\$420	0	0
(1) Under age ZI				800 60		0/1/2	-	61 833

\* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3, \* Please note total payments represents the hospital fee.



# Department of Social Services DIVISION OF SOCIAL WELFARE OFFICE OF THE DIRECTOR

May 25, 1978

State Office State Office Building Illinois Street Pierre, South Dakota 57501 605-224-349.1

e, South Dakota 57501 605-224-3491

The Honorable John E. Moss Chairman Oversight and Investigations Subcommittee Room 2323 Rayburn House Office Building Washington, D.C. 20515

Dear Congressman Moss:

The information you requested in your letter dated May 12, 1978 relating to number of specific procedures reimbursed and federal dollars expended, is not available at this time.

South Dakota has a manual claims processing system and there is no data gathering established beyond the information necessary for regular reporting procedures.

Sincerely.

Vern C. Woodard State Director

VCW/ES/pp

### ELECTRONIC DATA SYSTEMS CORPORATION

DALLAS TEXAS 75230

EDS CENTER 7171 FOREST LANE (214) 661-6000

March 15, 1978

The Honorable John E. Moss, Chairman Subcommittee on Oversight and Investigations Committee on Interstate and Foreign Commerce 2323 Rayburn House Office Building Washington, D.C. 20515

Dear Mr. Chairman:

Attached is the data related to Tennessee Medicaid surgical procedures requested by your Subcommittee. We are able to supply the information for FY 76-77 surgical procedures paid during the periods for which we were the fiscal agent.

Permission to release this data was sought from this state and permission was granted. Every effort has been expended to provide comprehensive reporting that will meet the needs of the Subcommittee.

Please relay our special appreciation to the Subcommittee staff. Their assistance in providing answers to our questions was most helpful.

Sincerely.

H.R. Perot Chairman and President

HRP:cli

cc John Billett

Expenditures by Tennessee for FY 1976-1977 paid during the EDSF Contract Period

The following criteria was used to extract data for the attached requested report.

- 1. All claims meeting the specifications for FY 76-77 Medicaid surgical procedures are reported. Careful attention must be paid to the fact that EDSF was not the fiscal agent for the entire FY 76-77. Data reported is for surgical procedures with dates of service during FY 76-77 but paid during the EDSF contract period. For Tennessee the period scrutinized was from April 1, 1977 through February 28, 1978. Many claims for the early half of the fiscal year were paid by the former contractor. It is estimated that the services reported cover approximately 42% of the surgical procedures rendered during FY 76-77.
- 2. The unduplicated count of eligibles, and the average monthly number of eligibles, covers the entire FY 76-77 period.
- 3. The surgical procedures count was derived by counting only procedures rendered by surgeons. Total surgical payment amount, made for each eligible recipient, is the sum of the paid amounts for all related surgeons' fees, assistant surgeon's fees, anesthesia fees, and hospitalization fees.
- 4. The surgery definitions provided by the Subcommittee were followed. The ICDA procedures codes referenced by the Subcommittee were cross-referenced to '64 RVS procedures codes currently used in Tennessee.
- 5. Eliminated from the report were claims related to Medicare Crossovers, Adjustments, Voids and Refunds.
- 6. Total Payments from lines two through four will not exactly balance to line one due to the rounding of cents to the nearest dollar.
- 7. The Tennessee system is not an MMIS.

DATE: 03/10/78 TE IN MMIS: NO	TOTAL SURGICAL PROCEDURES NUMBER OF TOTAL PROCEDURES PAYMENTS	8, 034, 669	5, 738	58,241	2,518,119	000		000	1,093	149,229	101,633	000	00		34,138	906, 260	1,188	88, 165	132, 190	00	000
DATE: 03/10 PARTICIPATE IN MMIS:	TOTAL SURGI NUMBER OF PROCEDURES	14,287	12 3.064	4,602	4,349	000		00	04	365	961	00	00		68	1,173	04	154	161	000	00
CAL PROCEDURES 7	IBLES AVERAGE MONTHLY NUMBER TOTAL FEMALE	238,027	52,812	928	41,288	000		1,452	00	10,063	5,438	00	00		6,525	2,569	04	653	463	00	000
S AND SURGIC YMENTS FOR 063077	IGIBLES AVERAGE TOTAL	381,386	77, 384	1,873	43,521	00		1,878	00	20, 554	5, 911	00	00		9, 168	4,625	Ξ	1,322	599	00	00
STATISTICAL REFORT ON ASSISTANCE AND SURGICAL PROCEDURES FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD 070176 THRU 063077	NUMBER OF ELIGIBLES UNDUPLICATED YEARLY TOTAL AVER. FOTAL FEMALE TOTA	289, 747	57, 880	1,020	51, 942	00		1, 596	128	13, 174,	7, 516	00	00		9, 525	4,662	10	1,884	1, 333	00	000
ATISTICAL R FOR	UNDUPLICA	468, 748	85,510	2,064	55, 668	00	MENT	2,078	246	26,936	В, 393	00	00		13, 923	8, 412	56	3, 736	1,890	00	00
STATE: TENNESSEE STA	MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE,	1. TOTAL OF 2 THRU 4	2. MONEY PAYMENTS A. AGED B. DISAMLED			UNDER AGE 21	3. CATEGORICAL NEEDY - NO MONEY PAYMENT	A, AGED	B, DISABLED C. BLIND		E, AFDC-ADULT E, ALL OTHER	UNDER AGE 21	AGE 21 AND OVER	4. MEDICAL ASSISTANCE ONLY	A. AGED	B. DISABLED	C. BLIND	D. AFDC-CHILD	E. AFDC-ADOLT E. ALL OTHER	UNDER AGE 21	AGE 21 AND OVER

	ES	4TS																							
/78 NO	TECTOM	TOTAL	36, 958		00	16,451	00	11,537	00	00	00	00	00	00	00		00	00	00	6,026	00	00	2,942	9	00
DATE; 03/10/78 PARTICIPATE IN MMIS: NO	RADICAL MASTECTOMIES	NUMBER OF PROCEDURES	3.1		00	41	00	90	00	00	00	00,	00	00	00	:	00	00	00	0.7	00	00	0.2	00	00
DA																									
	TECTOMIE	TOTAL PAYMENTS	46,923		00	16,687	10,036	17,711	00	00	00	00	00	809	388		00	00	00	1,491	00	00	00	0	00
PROCEDURES: PERIOD	PARTIAL MASTECTOMIES	NUMBER OF PROCEDURES	Ξ		00	33	23	48	00	00	00	00	00	0.5	10		00	00	00	04	00	00	00	0	00
ND SURGICAL ENTS FOR THE 063077	TOMIES	TOTAL	250,908		00	87,589	21,228	97,843	00	00	00	00	00	2,567	7,374		00	00	00	26,090	00	00	7,313	0	00
STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD 070176 THRU 063077	CHOLECYSTECTOMIES	NUMBER OF PROCEDURES	238		00	. 02	70	,16	00	. 00	00	00	00	0.5	60		00	00	00	2.1	00	00	60		00
AL REPORT ON OR MEDICALD 070176	HES	TOTAL	464, 194		1881	80,756	8, 481	339,660	00	00	00	00	662	592	8,868		00	00	00	9,485	00	00	14,803		00
STATISTIC	HYSTERECTOMIES	NUMBER OF PROCEDURES	475		0.2	89	60	333	00	00	00	00	0.1	0.2	13		00	00	00	60	00	00	17	o o	00
	MIES	TOTAL PAYMENTS	186, 128		00	7, 209	136, 386	22, 578	00	00	00	00	00	13,250	2,810		00	00	00	310	00	3, 583	00	6	00
STATE: TENNESSEE	FONSILLECTOMIES	NUMBER OF TOTAL PROCEDURES PAYMENTS	603		00	26	452	62	00	000	00	00	00	++	90		00	00	00	02	00	1.2	00	0	00
STATE: TE		2 -	_	2.	Α.	÷ :	. =	· 4	· .	1		3.		· ·	Ŧ.	₹.	1	1	<	13.	С.	<u>.</u>	₹	·	:

## ELECTRONIC DATA SYSTEMS CORPORATION

DALLAS TEXAS 75E30 TIMS

EDS CENTER 7171 FOREST LANE (214) 661-6000

March 15, 1978

The Honorable John E. Moss, Chairman Subcommittee on Oversight and Investigations Committee on Interstate and Foreign Commerce 2323 Rayburn House Office Building Washington, D.C. 20515

Dear Mr. Chairman:

Attached is the data related to Texas Medicaid surgical procedures requested by your Subcommittee. We are able to supply the information for FY 76-77 surgical procedures paid during the periods for which we were the Health Insuring Agent.

Permission to release this data was sought from this state and permission was granted. Every effort has been expended to provide comprehensive reporting that will meet the needs of the Subcommittee.

Please relay our special appreciation to the Subcommittee staff. Their assistance in providing answers to our questions was most helpful.

Sincerely,

H.R. Perot Chairman and President

HRP:cli

cc John Billett

### Expenditures by Texas for FY 1976 - 1977 paid during the EDSF Contract Period

The following criteria was used to extract data for the attached requested report.

- 1. All claims meeting the specifications for FY 76-77 Medicaid surgical procedures are reported. Careful attention must be paid to the fact that EDSF was not the Health Insuring Agent for the entire FY 76-77. Data reported is for surgical procedures with dates of service during January 1, 1976 to June 30, 1977. History scrutinized was from January 1, 1977 through February 28, 1978 to insure comprehensive data for the reporting period. Many claims for the early half of the fiscal year were paid by the former contractor. It is estimated that the services reported cover approximately 50% of the surgical procedures rendered during FY 76-77.
- 2. The unduplicated count of eligibles, and the average monthly number of eligibles, covers the entire FY 76-77 period.
- 3. The surgical procedures count was derived by counting only procedures rendered by surgeons. Total surgical payment amount, made for each eligible recipient, is the sum of the paid amounts for all related surgeons' fees, assistant surgeon's fees, anesthesia fees, and hospitalization fees.
- 4. The surgery definitions provided by the Subcommittee were followed. The ICDA procedures codes referenced by the Subcommittee were cross-referenced to '64 RVS procedures codes currently used in Texas.
- 5. Eliminated from the report were claims related to Medicare Crossovers, Adjustments, Voids and Refunds.
- 6. Total Payments from lines two through four will not exactly balance to line one due to the rounding of cents to the nearest dollar.
- 7. The Texas system is an MMIS.

DATE: 03/10/78 PARTICIPATE IN MMIS: YES	TOTAL SURGICLE PROCEDURES NUMBER OF TOTAL PROCEDURES PAYMENTS	62,996 30,509,842	358 93,446 15,005 9,802,384 597 365,362 23,837 8,102,005 22,967 11,944,950	000 00	07 8,589 192 182,218 00 00 12 3,067 21 7,817 00 00	
		429, 971 62	162, 238 52, 485 2, 225 139, 201 72, 965	00	515 308 06 13 13	000000000
STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD 010177 THRU 063077	NUMBER OF ELIGIBLES ARLY TOTAL AVERAGE MONTHLY NUMBER AALE FEMALE	671,067	232, 029 89, 051 4, 217 268, 723 75, 777	000	729 478 10 10 29 20 20 00	0000000000
ORT ON ASSISTANCAID CLAIMS PATT	NUMBER OF EI UNDUPLICATED YEARLY TOTAL TOTAL FEMALE	541,278	182, 906 63, 562 2, 481 190, 958 99, 722	00	805 658 12 92 92 82 00	000000000000000000000000000000000000000
ATISTICAL REPOR' FOR MEDICA 010177	UNDUPLICA	855, 391	264, 979 111, 421 4, 780 366, 610 105, 049	000	AYMENT 1, 147 1, 078 20 185 122 00	0 0 0 0 0 0
STATE: TEXAS ST	MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL, CARE,	1. TOTAL OF 2 THRU 4	2. MONEY PAYMENTS A. AGED B. DISABLED C. BLAND D. AFDC-CHILD E. AFDC-ADULT E. ALL CORRES	F. ALE OTHER UNDER AGE 21 AGE 21 AND OVER	3. CATEGORICAL NEEDYNO MONEY PAYMENT A. AGED B. DISARLED C. BIAND D. AFDG-GHILD E. AFDG-ADULT F. ALL OTHER UNDER AGE 21 AGE 21 AND OVER	1. MEDICAL ASSISTANCE ONLY A. AGED B. DISABLED C. HIGHD D. AFDC-CHILD E. AFDC-CHILD F. ALL OTHER F. ALL OTHER A. OWNER AGE 21 AGE 21 AND OVER

Funk	PAGE 2 OF 2		FC	FOR MEDICALD CLAIMS PAYMENTS FOR THE PERIOD 010177 THRU 063077	CLAIMS PAYMEN	NTS FOR THE 1 063077	eraon	PARTICIPA	PARTICIPATE IN MMIS:	YES
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01         01         11         1,270         09         3,258         00         <	8507		865	1,173,801	704	1, 1111, 708	348	204,415	5.1	60, 801
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STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF SOCIAL WELFARE
MONTPELIER 05602

June 19, 1978



The Honorable John E. Moss Chairman Subcommittee on Oversight and Investigations United States House of Representatives Washington, D.C. 20515

Dear Congressman Moss:

The following information is provided as requested in your letter of May 12, 1978, regarding data on surgical procedures paid for by the Medicaid program.

I wish to point out the following:

- 1) This Department does not count Medicaid eligibles on a yearly basis, only monthly. Also, the monthly counts do not reflect the sex of the individuals.
- 2) The procedure code system used is the National Blue Shield system. Under this system "surgical procedures" can refer to procedures such as emergency first aid and suture removals. Since reporting on these procedures does not appear to be the intent of your questionnaire, only procedures specifically identified were reviewed.
- 3) The data provided refers to surgeon's fees only.
- 4) The reporting period is calendar year 1977, and represents claims paid during that period.
- 5) Regarding MMIS, Vermont is in the process of requesting certification review.

If you have any questions regarding the attached data, please contact Kevin Rooney, Utilization Control Manager, at (802) 828-3441.

Sincerely,

David M. Wilson

Commissioner

DMW/KR/js Attachment

		Number of Eligibles	Elinible	1.	Treat Surfiteal. In	Treat Surpleat Proceeding Poist 11 c trinite: (9 & 6)	Ponsille	ctomales (9
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e. Adults in families with dependent children.								
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h Permapent and total dischility	-							
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	Permanent and total dischilliv								
-	d. Dependent children under 21								
-	c. Adolts in families with dependent children.			1					
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_	Ing excess income on medical expenses:	-		-					
_	f, Apr 65 or over					-			
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-	h. Permanent and total disability						7	-	Printers - month out office of
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a Indicate whether surgeons, fees, anesthesta fees, bospiralization costs or the sum of all 3.

TE Virginia				1 F	lan ro on	nlan to cuter January 1,	у 1, 1978	
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	-	Estimate		Estimate				a sample of the same of the sa
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9. Aga Co or over	45.076	31.900	32.752	23,179				167-
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C. Control and the control of the co	172,695	90.404	125.480	65.688	and the second second second second	in a removate manual photography	1 393	191.774
c. Actults in femilies with dependent children.	67,856	62,480	49,304	45,398			274	40,364
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I, Acr 55 or over						-		
n. XXXXXXX Child Welfare/ Foster,							1	125
h. Permonant and total disciplity						-7	-	
3. Financially eligible for maintenance assistance	. 7							•
a. Are 65 and over	3,186	2,229	2,315	1,620				
Cinches	27	14	20	10				
c. Formanul and lotal dischalty	1,638	839	1,190	610				
	1,272	643	924	467			2	292
c. Adults in families with dependent children	300	. 250	21.8	. 182				
7. NOT wigible for maintenance essistance:		. •			٠.	-		
	25,652	976.71	18,639	13,040				
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c. Permanent and total disability	11,229	9,755	8,159	4,182			2	187
d. Dapradent children under 21	. 12,514	6,326	9,093	4,597			143	-17,260
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\* Indicate whether surgeons fees, anesthesia fees, arranization routs or the sum of area both.

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Participate in MHIS X Yes, J No

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# WEST VIRGINIA DEPARTMENT OF WELFARE

LEON H. GINSBERG, Ph.D. Commissioner

SULCON HATEE SN UVERSIGHT & HYVESTISATIONS October 20, 1977

The Honorable John E. Moss, Chairman Oversight and Investigations Subcommittee Member, House of Representatives Congress of the United States Rayburn Office Building - Room 2323 Washington, D. C. 20515

Dear Congressman Moss:

In response to your letter of September 30, 1977 requesting data on payments for surgical procedures, I regret to inform you that we are unable to furnish information on specific procedures at this time.

Total payments to physicians for the Fiscal Year ending June 30, 1977 was \$8,670,085 for all services rendered to 141,892 eligible recipients.

We have experienced some problems in the implementation of the Medicaid Management Information System (MMIS) for West Virginia, and at this time do not have an operating system which will provide the information you requested.

Please let me know if you have further questions.

Sincerely,

LEON H. GINSBERG Commissioner



### State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

October 20, 19777 2 INVESTIGATIONS

OIVISION OF HEALTH MAIL ADDRESS: P. O. SOE 309 MAGISON, WISCONSIN 53701

IN REPLY PLEASE REFER TO

Congressman John E. Moss, Chairman Subcommittee on Oversight and Investigations House of Representatives Room 2323 Rayburn House Office Building Washington, D.C. 20515

### Dear Congressman Moss:

I regret to inform you that we can not be as responsive to your request of September 30, 1977, for surgical data on the Medicaid population, as we would like to be. As of July 1, 1977, a new fiscal intermediary began processing Medicaid claims, and data previous to this time are, for all practical matters, not retrievable. Beginning the first of next month, we will be able to supply you with the type of data you request on a regular basis.

The only information we have for the time period you are interested in, July 1, 1976 through June 20, 1977, is from our two month sample hospital discharge survey. However, not all of these records are to the point where they can be analyzed. Based upon 32,373 discharges, which is only about four percent of the 741,000 annual number of general hospital discharges in Wisconsin, we found the following indicated Medical Assistance as the expected method of payment:

Procedure	ICDA-A	Number
Tonsillectomy w or w/o adenoidectomy	21.1-21.2	82
Cholecystectomy	43.5	33
Hysterectomy	69.1-69.5	28
Mastectomy (female only)	65.2-65.6	8

In fiscal year 1976, there were 481,593 Medical Assistance eligibles in Wisconsin.

Sincerely.

Raiph L. Andreano, Ph.D. Administrator

RLA:TT:tfd

copy- Donald E. Percy Secretary

Division of Health

Department of Health and Social Services



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## Department of Health and Social Services

Division of Health and Medical Services

HATHAWAY BUILDING

CHEYENNE, WYOMING 82002

October 31, 1977

The Honorable John E. Moss Chairman, House Subcommittee on Oversight and Investigations Congress of the United States House of Representatives Washington, D.C. 20515

Dear Congressman Moss:

This is in reply to your September 30 letter requesting information regarding the numbers of various surgical procedures which have been done under Wyoming's Title XIX Program.

We still do not routinely capture such information for those eligible for Medicaid in Wyoming. For our own purposes we have not felt it was necessary since all surgical procedures are reviewed for medical necessity on an individual basis. I am sorry that I am not able to supply the information you requested.

Very truly yours,

Ernest A. Rumpf, Jr. Director

Medical Assistance Services

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GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF HEALTH

October 27, 1977

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Congressman John E. Moss, Chairman Oversight and Investigations Subcommittee Congress of the United States House of Representatives Washington, D.C. 20515

Dear Congressman Moss:

We are writing in response to your recent inquiry first, as to whether or not the Virgin Islands Medicaid Program participates in a agement Information Systems Program, and second as to statistics eating to certain surgical procedures for a period July 1, 1976 through June 20, 1977.

At this time, the Virgin Islands has two mini-computers which assist in the preparation of certain case and management reports. However, they do not yet have the capabilities to gather statistics in the format requested by the Committee.

As you know, the Virgin Islands Medical Assistance Program does not have "freedom of choice." Recipients receive care in Department of Health facilities. If needed services are not available in the Virgin Islands, on physician referrals, approved by the Medicaid Medical Consultant, and pre-authorized by the Medical Assistance Program, Recipients receive medical-health care in Puerto Rico or Continental United States.

The schedule of fees for services in Departmental facilities is approved by the Virgin Islands Legislature. Presently, that schedule is being revised. Until the completion of that task, the Virgin Islands . Medical Assistance Program meets the cost for surgical procedures about which you questioned as follows:

Tonsilectomy	\$135.00	Full Service
Hysterectomy	\$245.00	11
Cholecystectomy	\$245.00	11
Radical Mastectomy	\$290.00	10
Simple Mastectomy	\$214.00	11

We hope this information will be of help to the survey conducted by the Subcommittee on Oversights and Investigations.

Sincerely,

Acting Commissioner of Health

cc: Mrs. Penn Mr. Bonano

UNIVERSITY OF FLORIDA 3 1262 09119 2764